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October 5, 2007

FOR IMMEDIATE RELEASE

## **Is perception reality? Statewide study reveals Iowan's attitudes about health care**

**(Des Moines, IA)** – In the first statewide survey to examine the health perceptions of Iowans, researchers found that 85% of Iowans feel good about their health. Iowans also feel their access to health care is satisfactory, with 93% agreeing that travel time to see a physician is “reasonable.”

While the survey highlights the overall positive outlook of Iowans and their acceptance of personal responsibility, the results contradict conventional wisdom that there are access problems in the state. The survey begs the question, “is perception reality?” when it comes to access to health care in the state of Iowa.

The study also found no real difference in perceptions of access between those who live in rural\* and non-rural areas. “This study indicates that statewide there appears to be no systemic perception of inadequate access to health care services, though important pockets of problems deserving of attention may exist to some degree.” says Ann Selzer, president of Selzer & Co., the Des Moines based firm that conducted the research.

### **Additional Strengths**

- 16 % of Iowans say their health is improving over what it was last year while only 9% say it is getting worse.
- More than nine in ten Iowans have health insurance and 79% say their coverage is good.
- Most Iowans, 94%, have a regular place they visit for health care, a medical home – and they feel the travel distance to that place is “reasonable.”

### **Opportunities for Improvement**

- The vast majority of those with improving health, 85%, also agree that more exercise and better nutrition lead to improved health.

- Iowans are interested in prevention – and 88% agree that they could reduce everyone's health care costs by changing their own health behaviors.
- Only one in four Iowans say they comply with what their primary care provider recommends all the time.
- The majority of Iowans have, at one time or another, chosen to manage their health care costs by not seeing a health provider when they were sick, not filling prescriptions or not scheduling follow-up medical tests.

Despite the fact that 85% of Iowans are reporting good health, there is still much room for improvement. The survey also shows that 36% are also suffering from a chronic condition such as high blood pressure, diabetes, arthritis or heart disease. This provides an opportunity for improving the health of those residents suffering (but not necessarily complaining about) chronic conditions. The findings of this study prove Iowans are receptive to prevention methods, take personal responsibility for their health care and actively seek health care.

The study, sponsored by The Iowa Rural Health Association, Iowa Farm Bureau, Partnership for Better Health, Iowa Health System and Des Moines University, was conducted by Selzer & Co. The telephone study involved 1,000 Iowans and was conducted in July 2007.

*\*Rural: There is no standard definition of the term "rural." The U.S. Census defines it as any area that is not urban. For the purposes of the study, Selzer & Co. has defined "rural" as participants who meet one of the two following criteria: living on a farm and working as a farmer or living in a small town or in the country at least 50 miles from a major city in Iowa or its suburbs.*

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## **Outlook on Health Survey of Iowans**

The vision of the Iowa Rural Health Association is to be a leader in promoting access to optimal health for all Iowans. Its mission is to bring individuals and organizations together to identify and address rural health issues.

Committed to furthering this vision and mission, the Association began the design and plans for a first of its kind survey of Iowan's views and opinions. The purpose of the survey was to examine the views and opinions of Iowans regarding accessibility, utilization patterns, health value issues, and personal health status. The intent of the survey was to collect data which would provide information for policy makers and practitioners to better serve Iowans and address rural health issues. More than 1,000 Iowans from 97 of Iowa's 99 counties participated.

Leadership for the survey was provided by the Board of Directors of the Iowa Rural Health Association and Dr. William Appelgate at Des Moines University. The Association partnered with Ann Selzer of Selzer & Company, a leading polling organization to aid in the design and to administer the survey. Partnership funding of the survey was provided by Iowa Farm Bureau, Iowa Health System, Partnership for Better Health and Des Moines University.

This survey offers data and knowledge from which all Iowans can benefit. Policy leaders can better view what Iowans are thinking about barriers to access, insurance coverage and preferences for prevention. Employers and health plans can learn how Iowans value individual responsibility and factors that can improve health status. Providers can see where Iowans are receiving health care, what they desire for services, and how they often manage health care by delaying tests, visits and prescriptions. And, individual Iowans will observe that they are not alone in dealing with the cost of health care, insurance coverage, and diet and exercise as a means to maintain or improve their own health status.

The Iowa Rural Health Association is encouraged by the positive findings of this survey. It is also aware of the need for more information and study based upon these findings. What is the difference between perception and actual quality? How are access and cost issues for all Iowans,

both rural and non rural, better defined? And, how can the gaps among need, diagnosis and treatment in mental health be measured and addressed?

This study provides an opportunity to build upon the findings, define health care and health issues, and create actionable strategies in insurance, access, and prevention that will result in improving the health status of all Iowans. We are ready to aid in the discussion, design and deployment of such health improvement strategies for Iowans.

Cece Arnold  
President  
Iowa Rural Health Association

October 5, 2007



# Iowa Rural Health Association Outlook on Health Survey

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Preliminary Report  
July 2007



# Objectives

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- To assess attitudes toward health issues in the state of Iowa.
  - Health insurance coverage;
  - Quality of coverage;
  - Access to healthcare providers;
  - Access to emergency care and pharmacies.



# Of interest are differences between rural and non-rural Iowans.

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- There is no common definition of these terms.
  - Census: “Rural” = not urban.
  - We created our own definition, based on logic and knowledge of the state.
- Participants could qualify as rural if they:
  - Live on a farm *and* work as a farmer, or
  - Live in a small town or in the country at least 50 miles from a major city in Iowa or its suburbs.

# Methodology

<b>Sample frame:</b>	General population of Iowa adults.
<b>Sample size:</b>	1,000 Iowa adults, composed of a main statewide sample of 700 and an oversample of 300 defined as rural residents.
<b>Margin of error:</b>	$\pm 3.1$ percentage points for entire sample; $\pm 4.6$ percentage points for those defined as rural; 447 respondents. $\pm 4.2$ percentage points for those defined as non-rural; 553 respondents.
<b>Method/ length:</b>	Telephone interviews lasting approximately 16 minutes.
<b>Field dates:</b>	The 18 <sup>th</sup> through the 23 <sup>rd</sup> of July, 2007.





# What we found.

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- Iowans see themselves as healthy.
- The vast majority are covered by insurance.
  - Most say their coverage is at least reasonably good.
- Few indicate that access to healthcare professionals is a problem.
- They speak to the concept of prevention.
- In short, there is a lot of good news.



# But what about rural Iowa?

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- Does living in in the country away from Iowa's major cities leave some underserved?
- From these data, for the most part, the answer is no.
  - Even with more stringent definitions of “rural.”
- If anything, rural Iowans are more likely to be covered by insurance, and more likely to report reasonable access to healthcare professionals.
- Their coverage is, however, less generous.
- And, there may be pockets of problem areas deserving of attention.



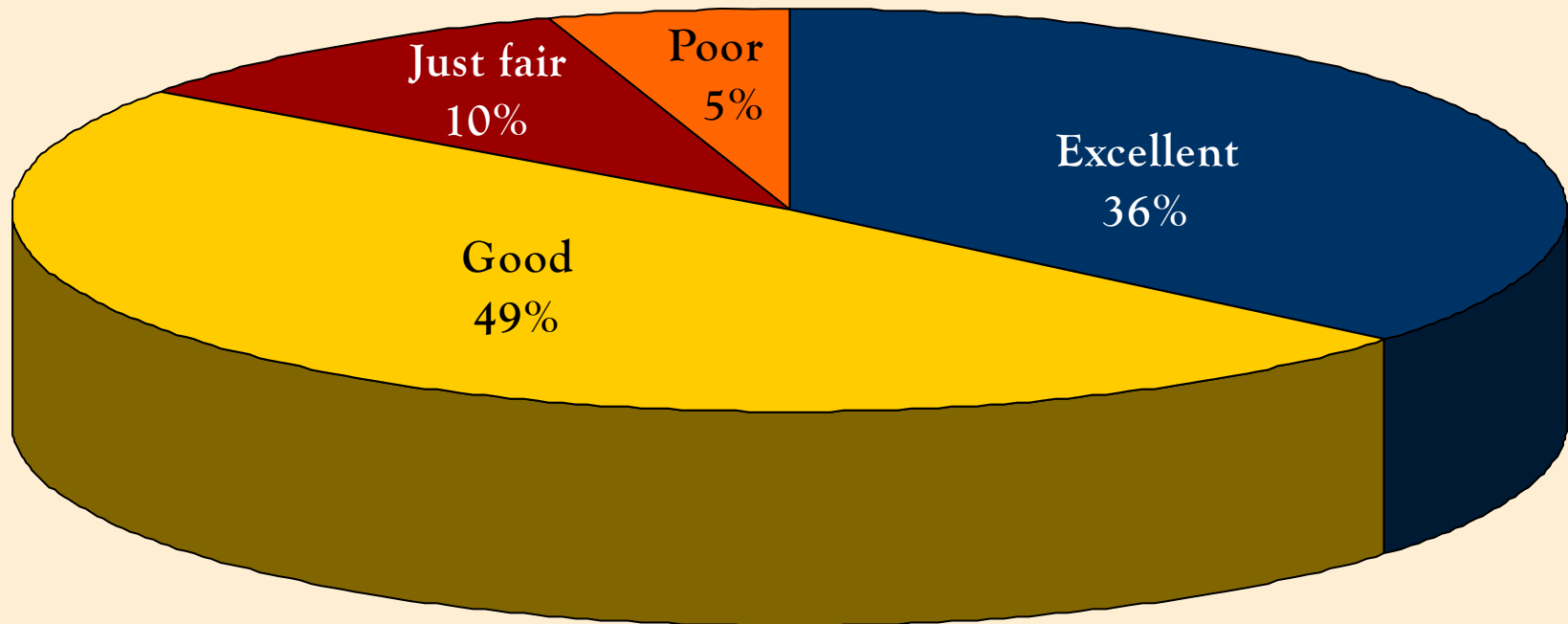
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# Attitudes toward Health

The vast majority of Iowans are  
in good health.

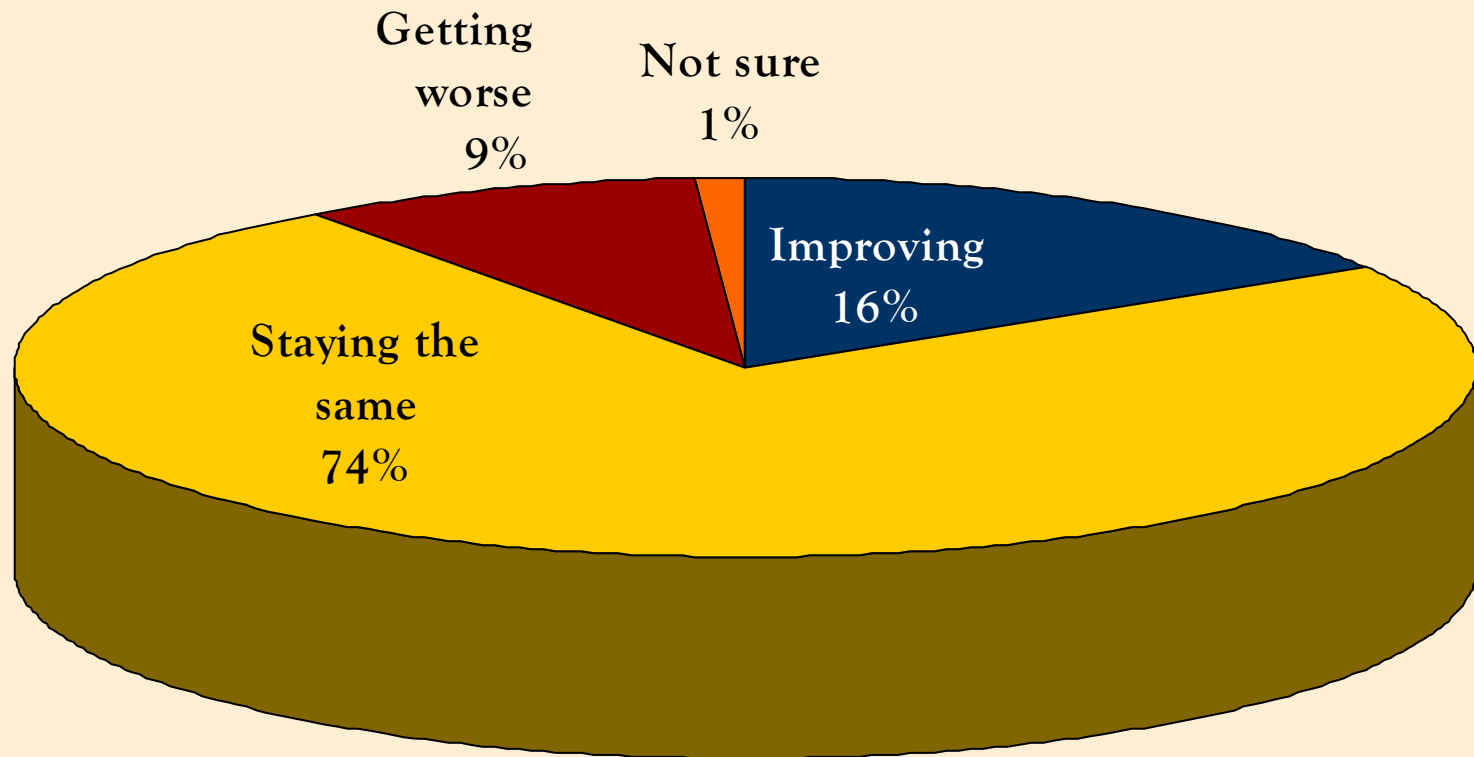
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Rating current health



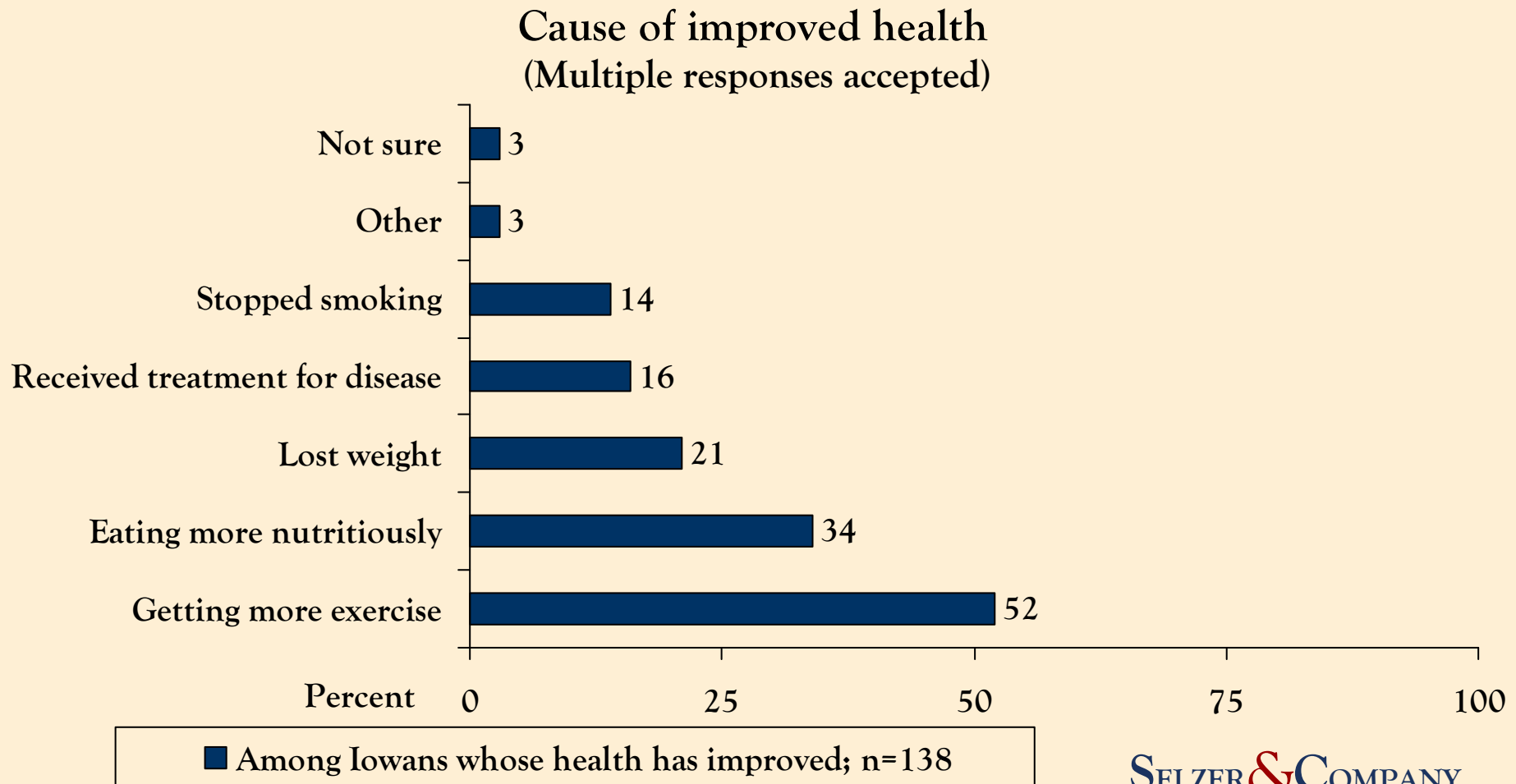
# More say their health is improving than say it is declining.

## Health status compared to last year

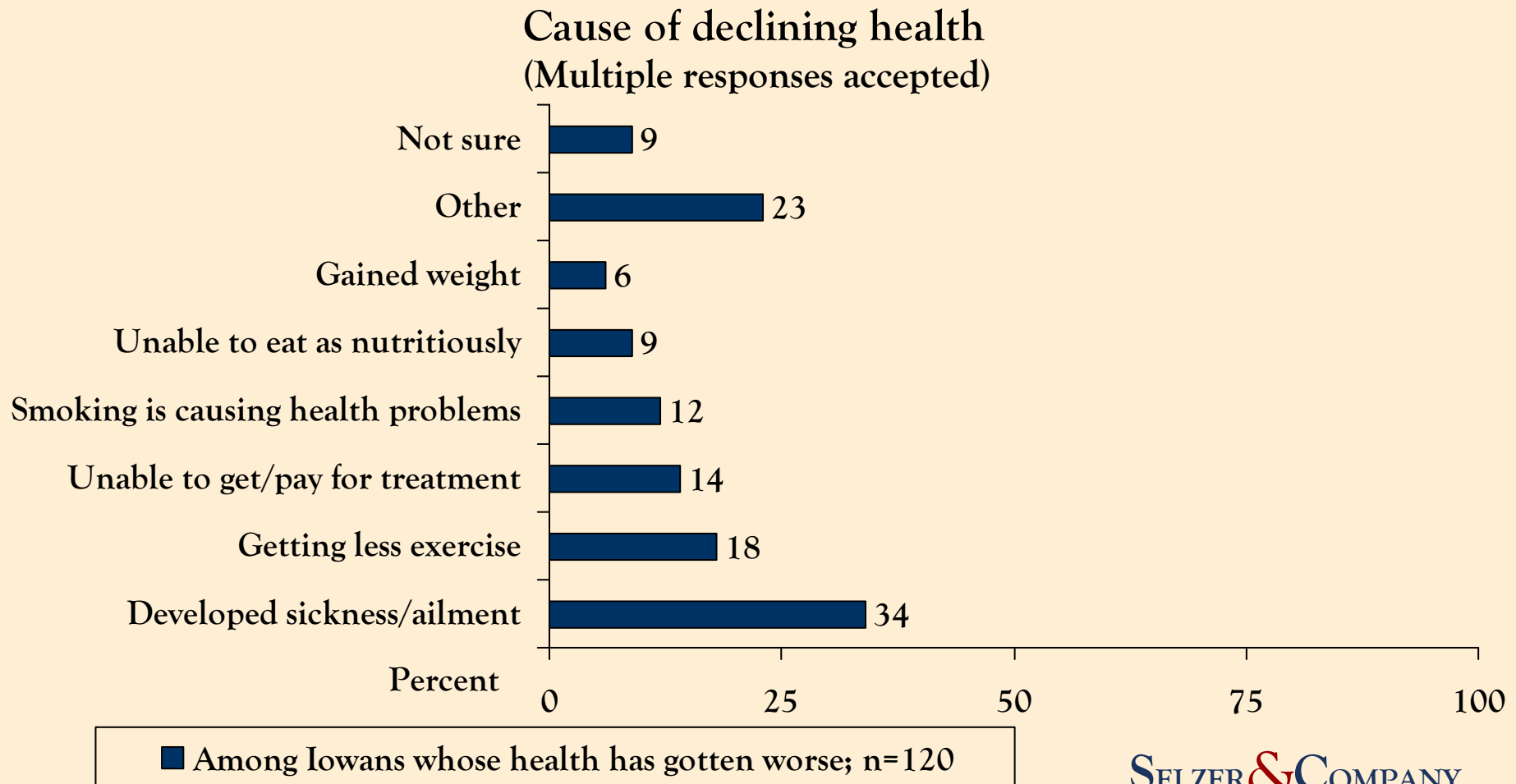





# More exercise and better nutrition lead to improved health.



# When health declines, a variety of issues are at play.





# Iowans feel good despite some serious health conditions.

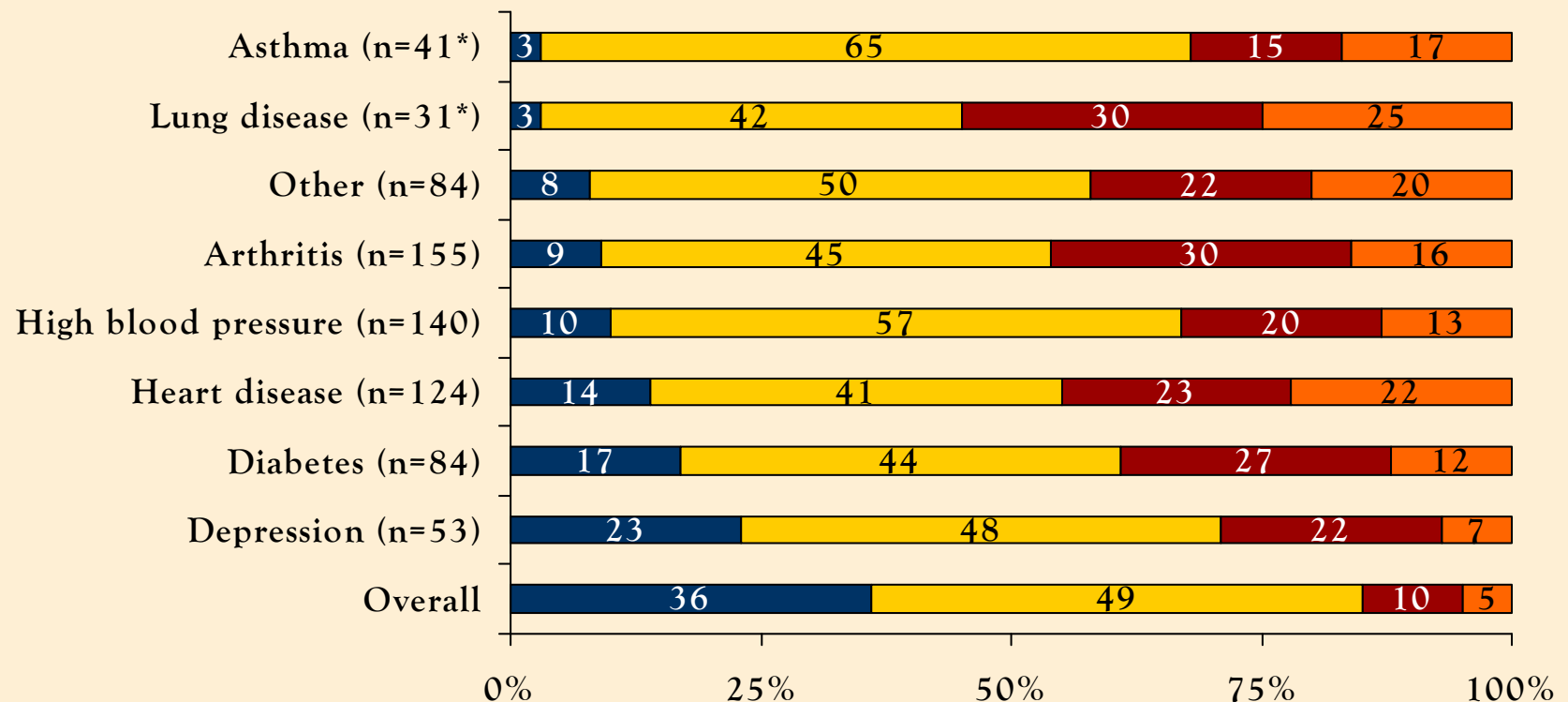
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- 85% of Iowans say their health is excellent or good.
- Even so, 36% report a serious health problem or condition that requires frequent medical care.
  - 11% with arthritis
  - 10% with high blood pressure
  - 8% with heart disease
  - 6% with diabetes
  - 6% with depression



# Large numbers of those with chronic diseases feel good about their health.

Assessment of current health among those with reported health problems



\*Use caution when comparing: small base

■ Excellent ■ Good ■ Just fair ■ Poor

SELZER & COMPANY



# Insights.

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- This survey measures perceptions.
- It says a lot about the way Iowans construct their reality.
- It might not mesh with the way a trained observer would interpret the facts.
- Iowans are not complainers, by nature.
- This serves as a good reminder of mind-set as you communicate with Iowans about health.



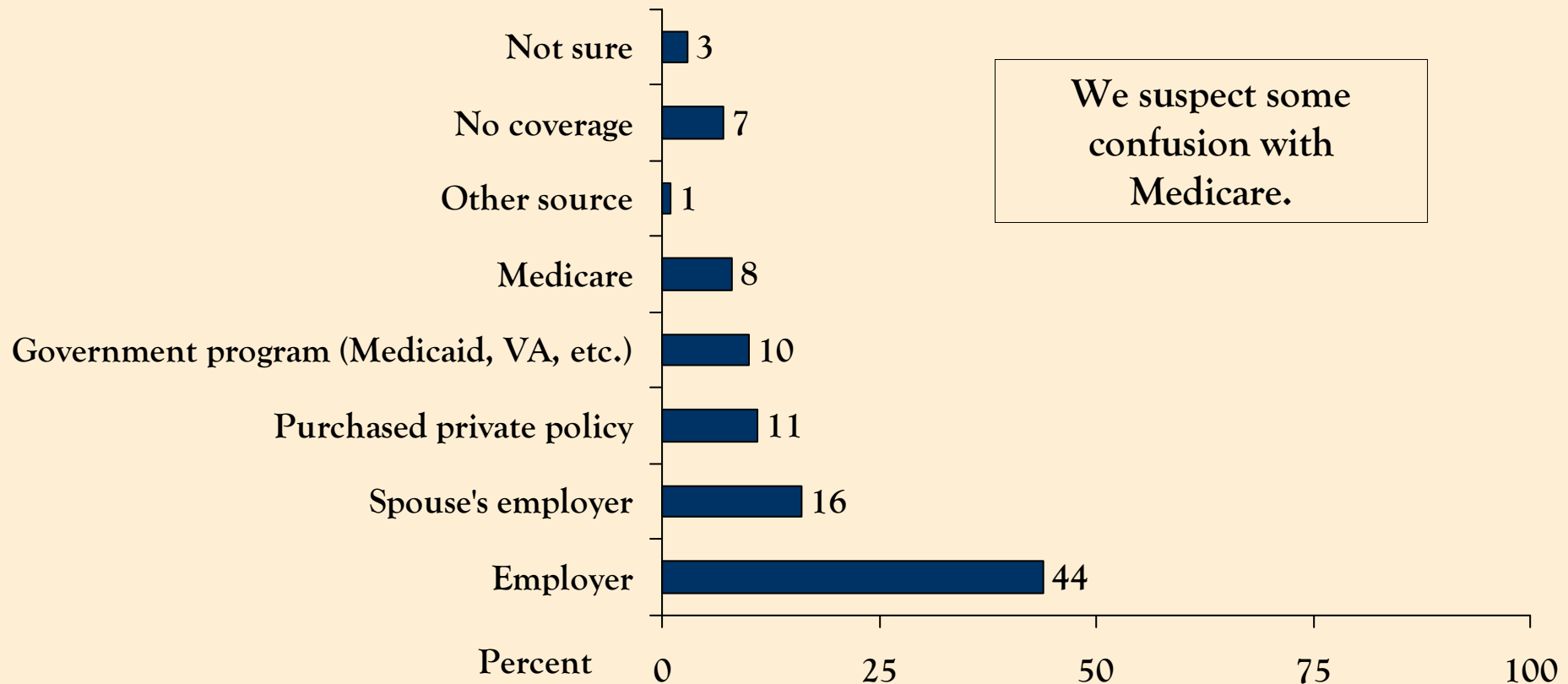
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# Health Insurance Coverage



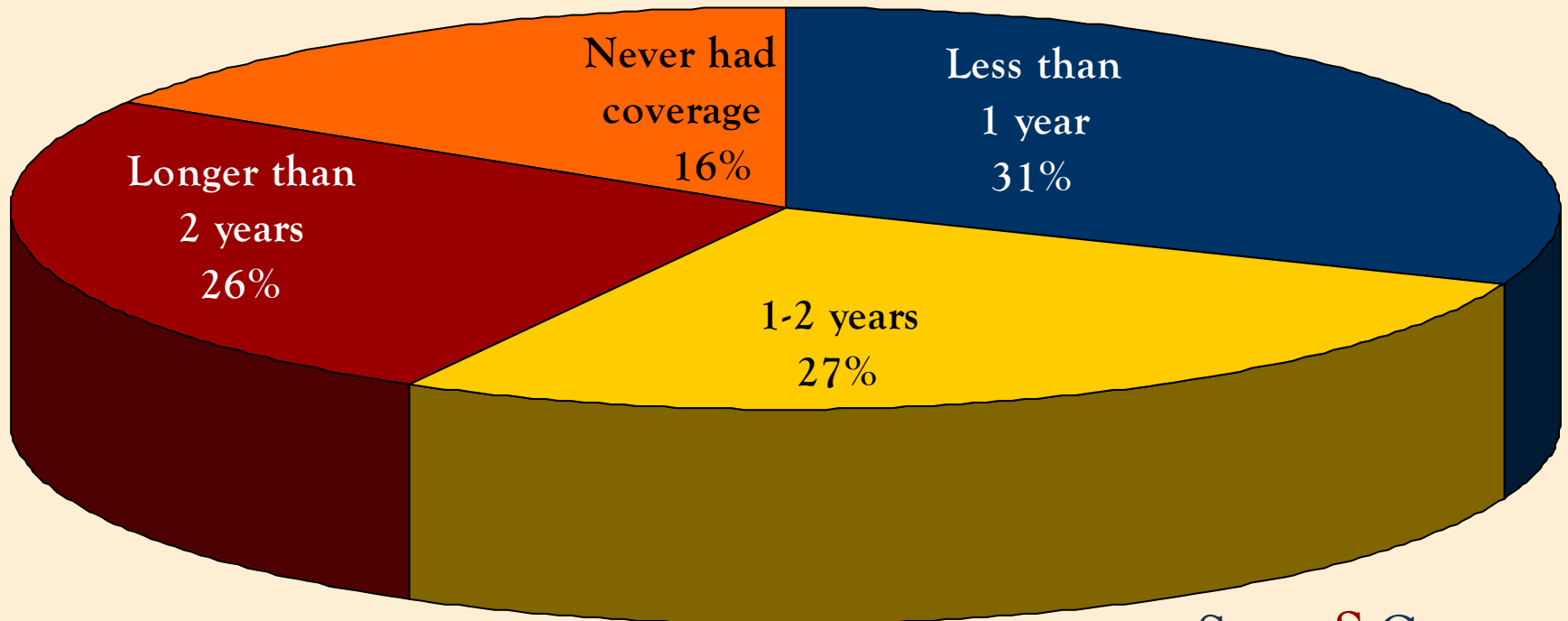
# More than nine in 10 Iowans have health insurance.

Source of insurance coverage, if any



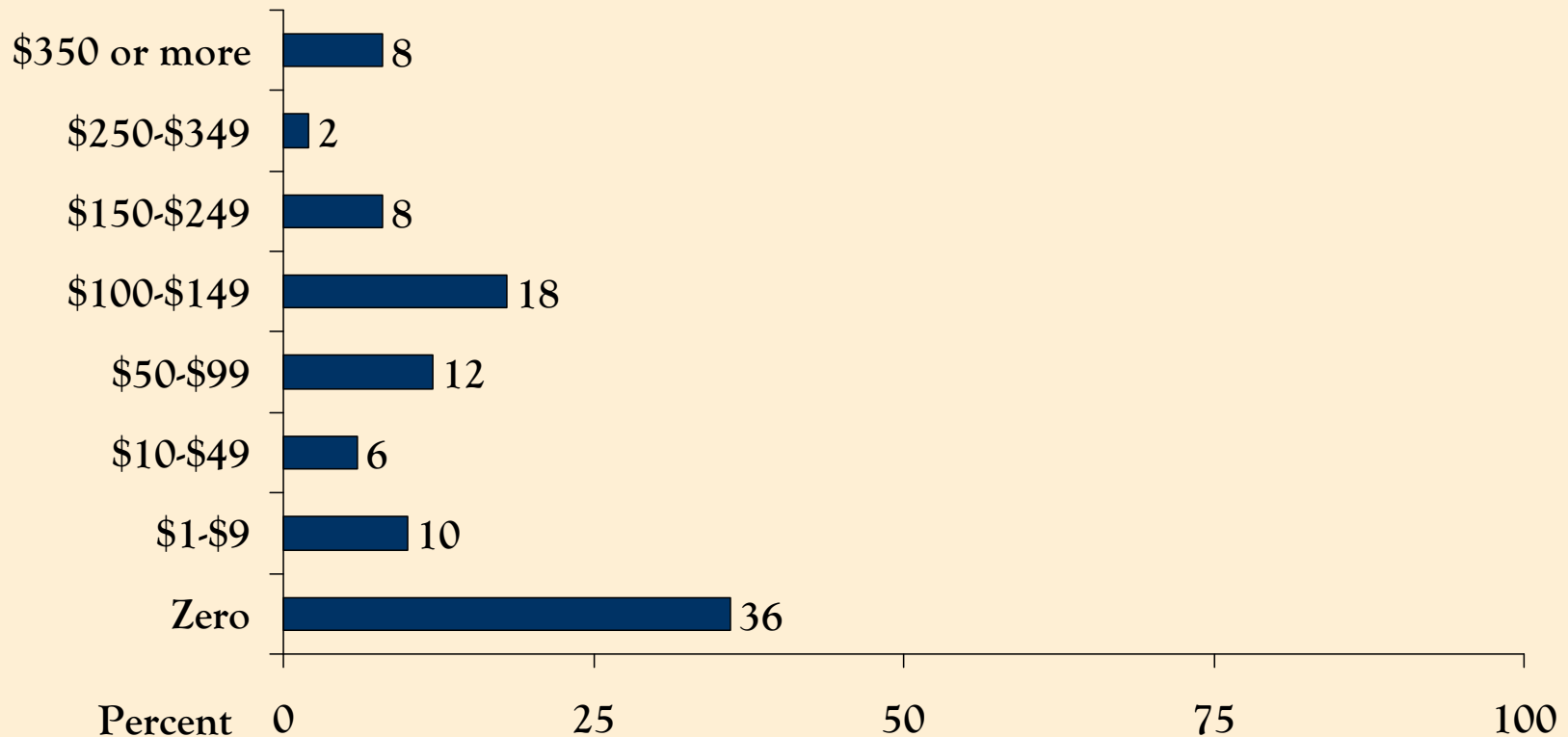
# Time spent uninsured is mostly short.

Length of time without coverage  
(Asked only of those without coverage; n=56)



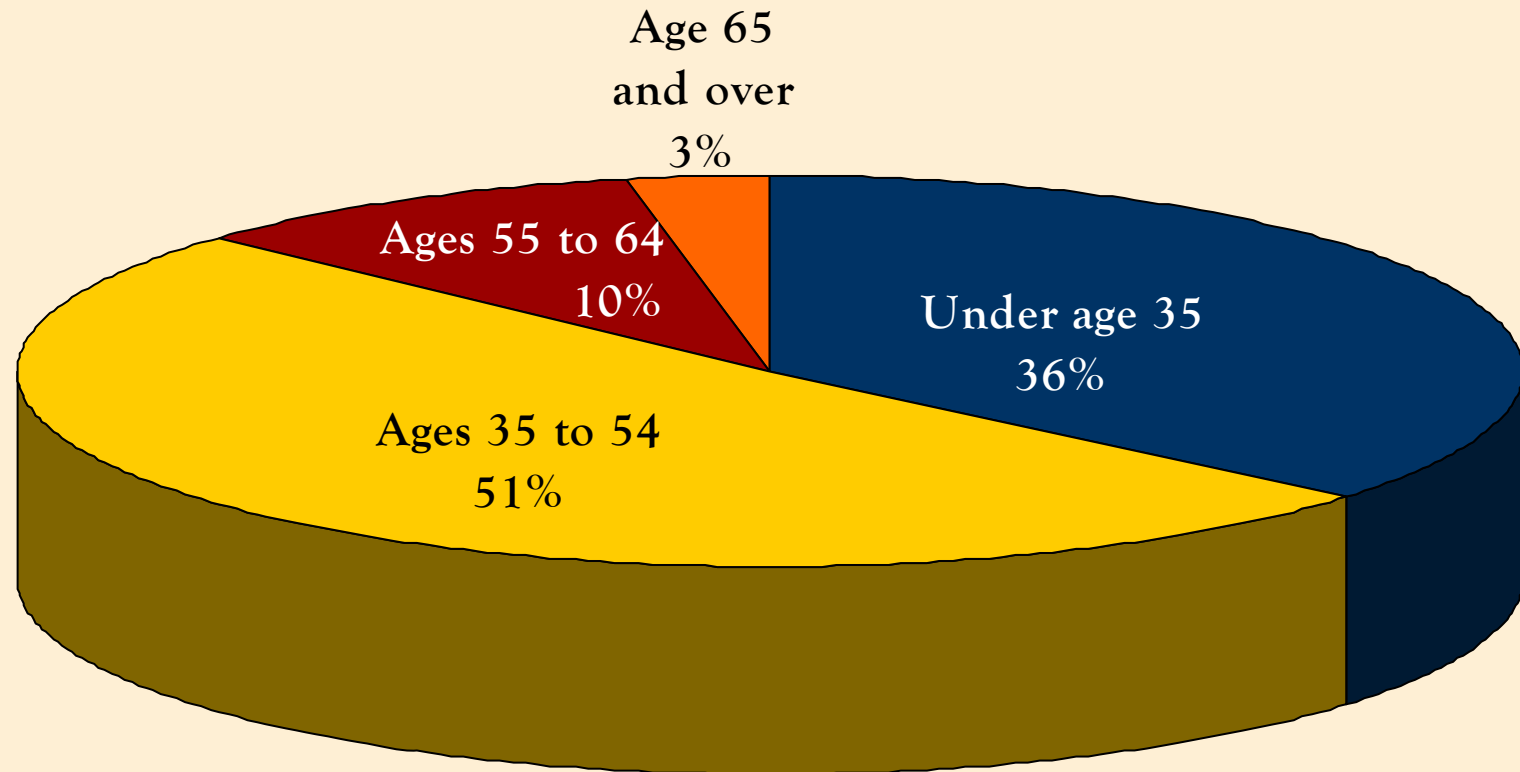
# Realistically, few uninsured say they could afford even a low-cost policy.

Amount respondent could afford to pay per month for a basic policy  
(Asked only of those without coverage; n=56)



# Younger Iowans make up about one in three uninsured.

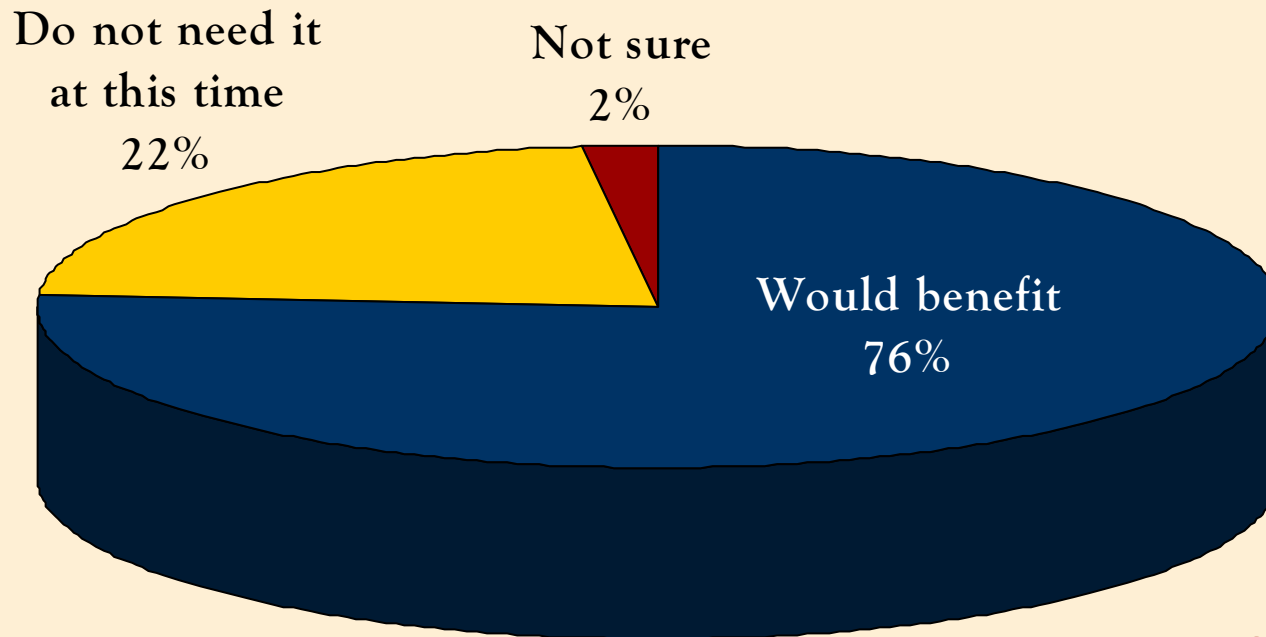
Age distribution of Iowa's uninsured



# Just one in five think they would not benefit from coverage at this time.

## Perception among uninsured of value of having health insurance

(Asked only of those without health insurance coverage; n=56)

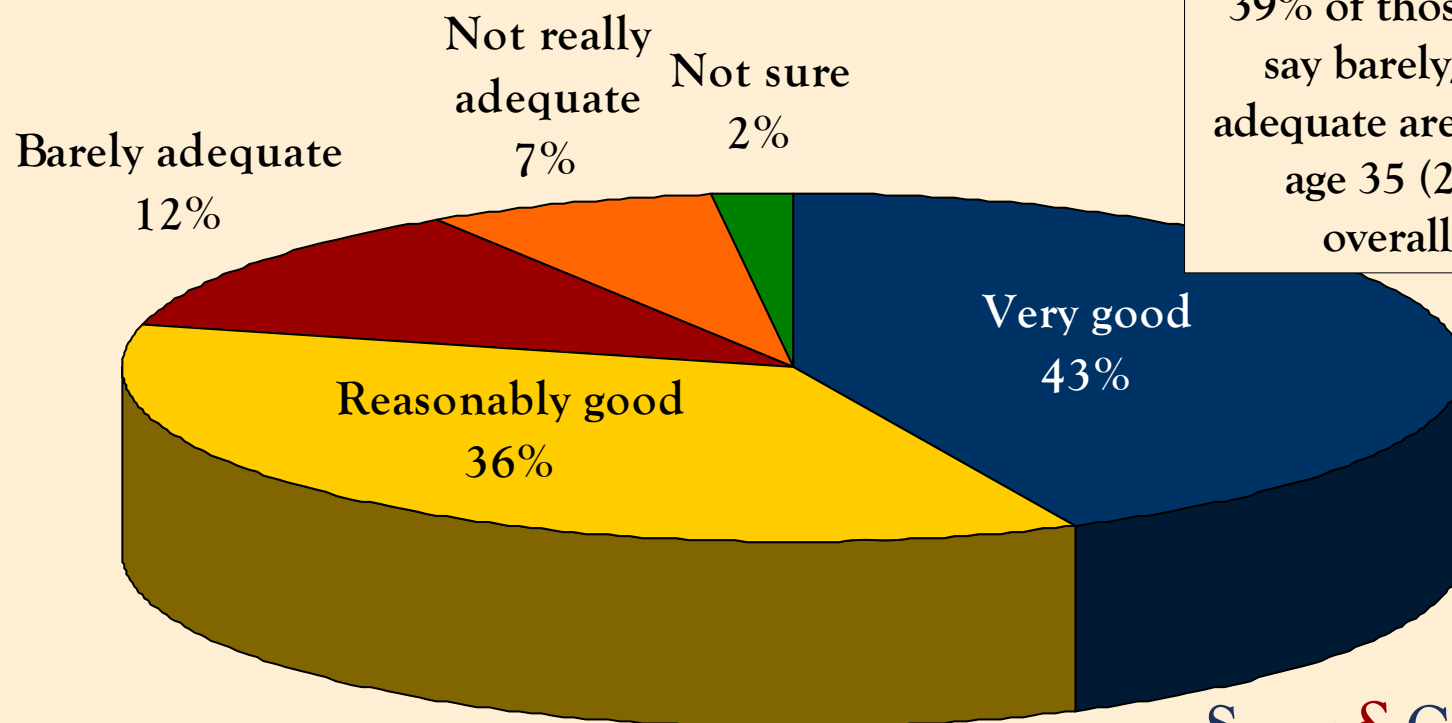




# Most insured Iowans are satisfied with their current coverage.

## Quality of coverage in current health insurance plan

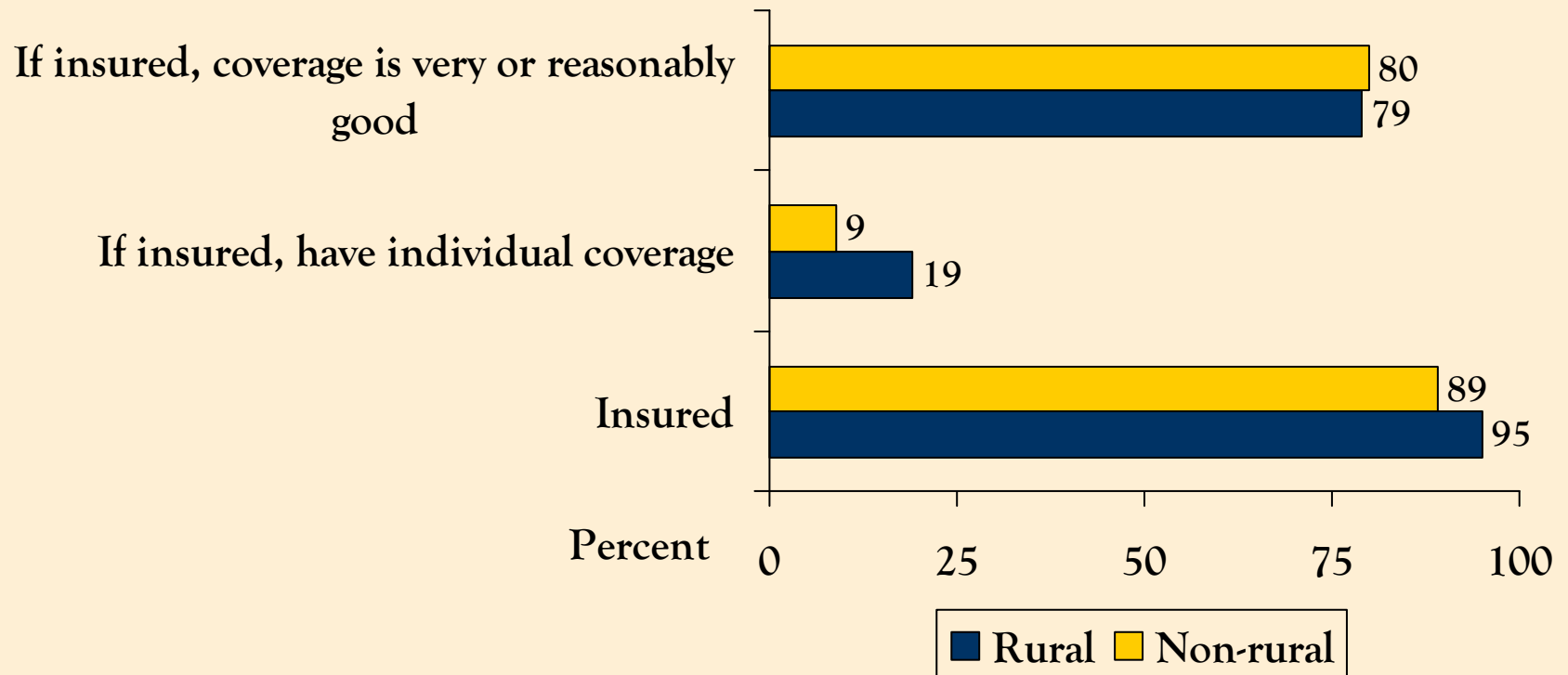
(Asked of those with some type of insurance coverage, including Medicare; n=923)




39% of those who say barely/not adequate are under age 35 (29% overall).

# Differences between rural and non-rural respondents are small.

## Insurance coverage: Rural vs. Non-rural





## Even when income is factored in, rural residents fare well.

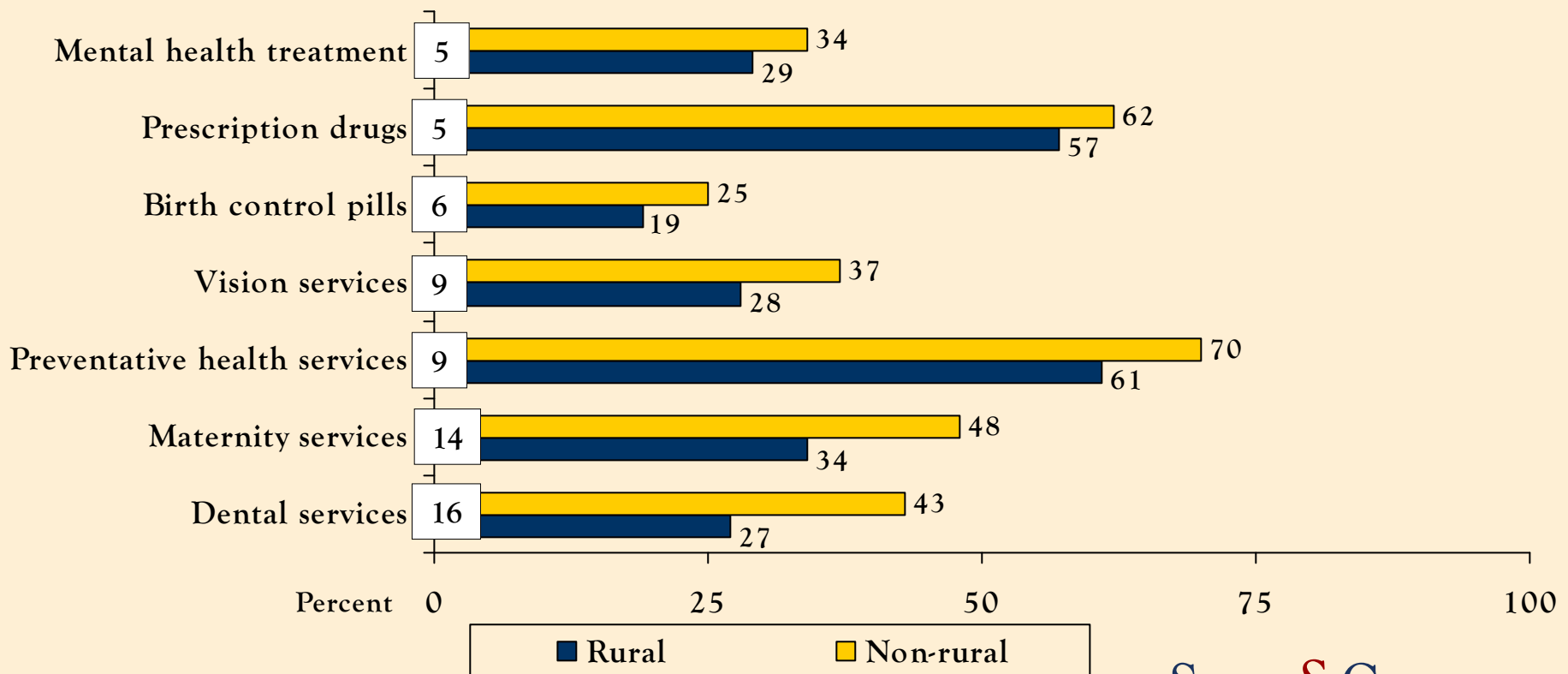
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- Among low-income earners (HH income less than \$50,000), rural residents are covered:
  - 5% of rural low-income respondents say they don't have health insurance, compared to 15% of non-rural low-income residents.

# In spite of the perception of reasonably good coverage, rural residents' insurance is less generous.

Gap (in percentage points)

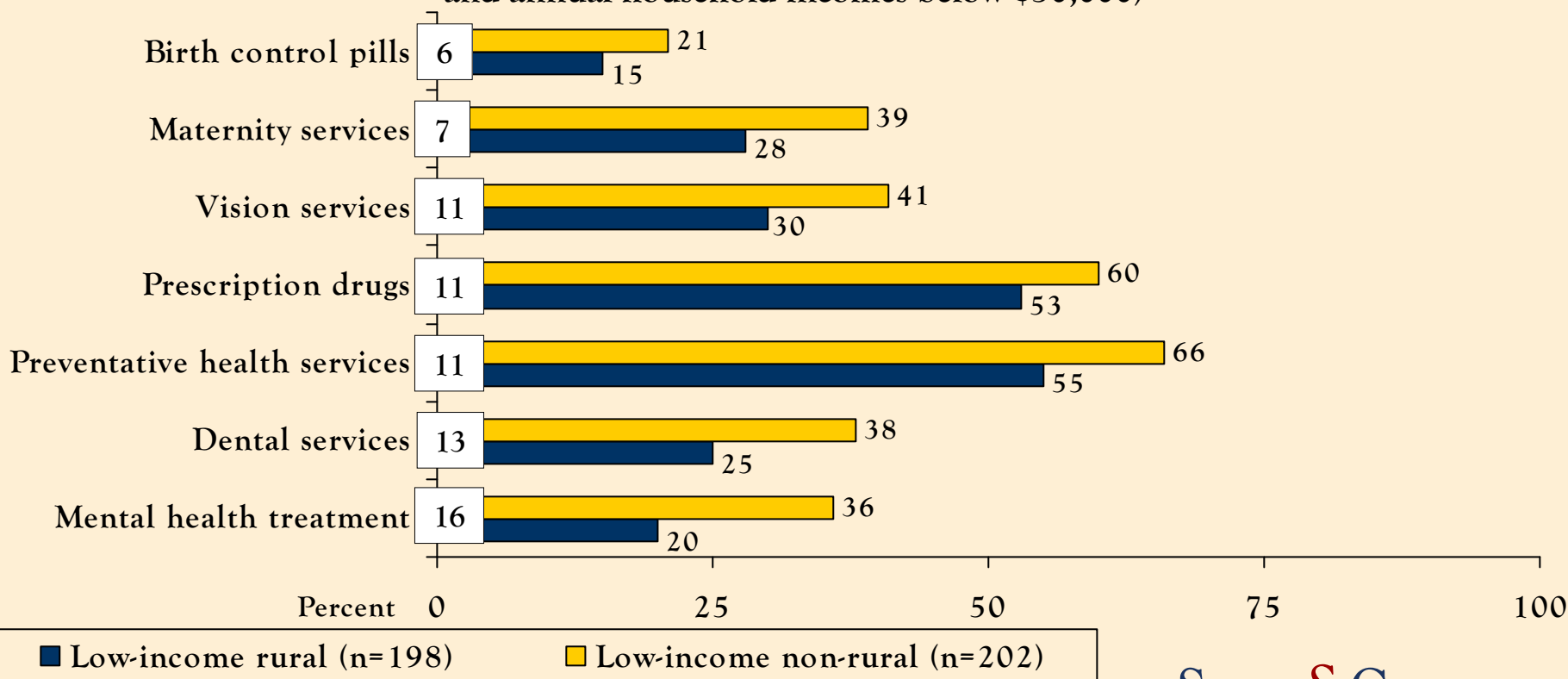
Items for which insurance policy pays most of cost  
(Among those with some type of insurance, including Medicare)



# When income is factored in, mental health is a potential problem area.

Gap (in percentage points)

Items for which insurance policy pays most of cost  
(Among those with some type of insurance, including Medicare, and annual household incomes below \$50,000)





# Insights.

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- This study supports national findings on uninsured rate in Iowa.
  - Census shows uninsured rates of 8.2 to 10.5 over past seven years (US Bureau of the Census, Current Population Survey, 8.28.07). Our numbers: 7-10%.
- Iowa is among the best insured states in the country.
  - Ranking three-year averages, Iowa places third in the nation behind Minnesota and Hawaii for the smallest percentage of people without health insurance (US Bureau of the Census, Current Population Survey, 2005-2007 Annual Social and Economic Supplements).
- If anything, the rate of insurance is higher in rural areas.
- The policies of rural residents cover less than those of non-rural residents.



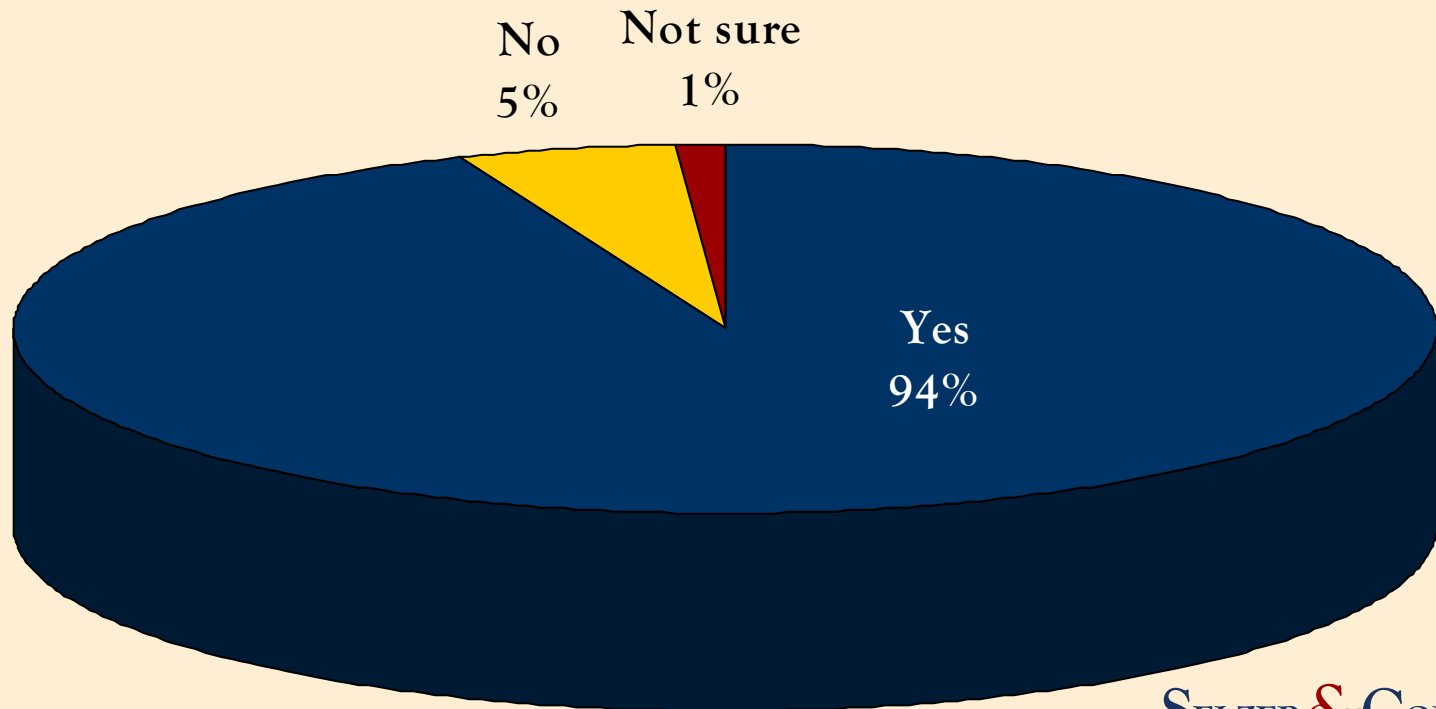
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# Access to Health Care

# Iowans have established “medical homes.”

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Do you have a regular place you go to get treatment when  
you are sick or want medical advice?





# Most report a “medical home” within a reasonable distance.

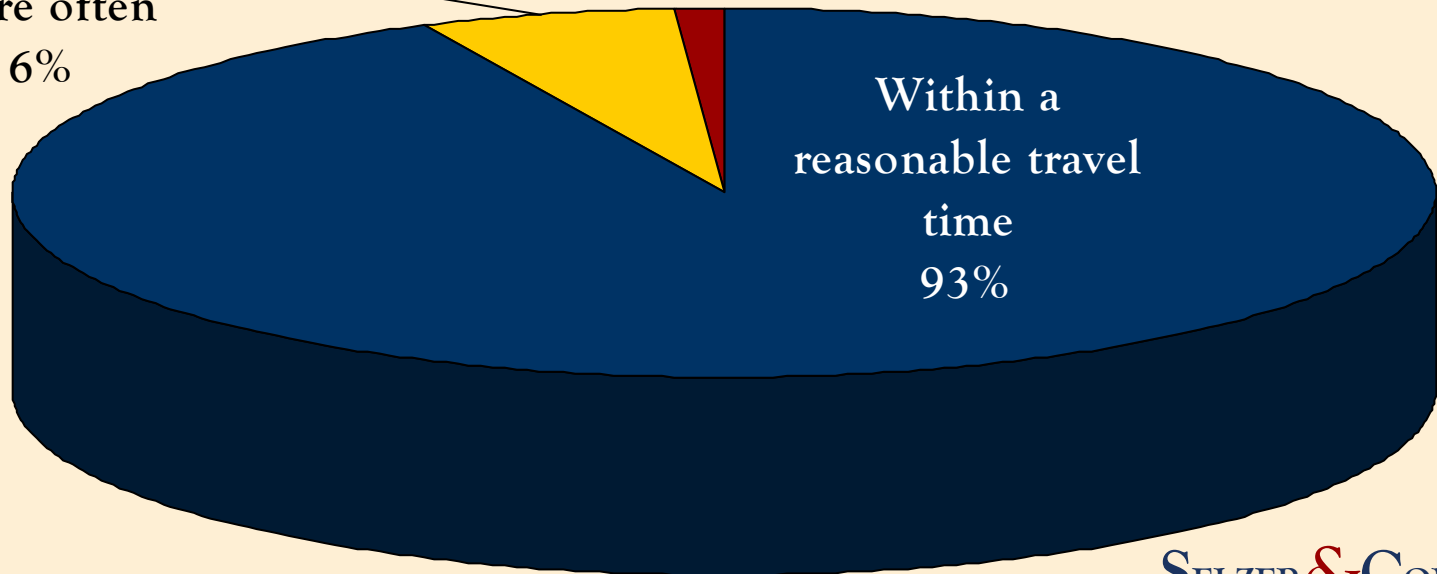
Travel time to respondent's regular place to get treatment

(Asked of those who have a regular place to get treatment; n=960)

Travel time is an  
obstacle to going  
more often  
6%

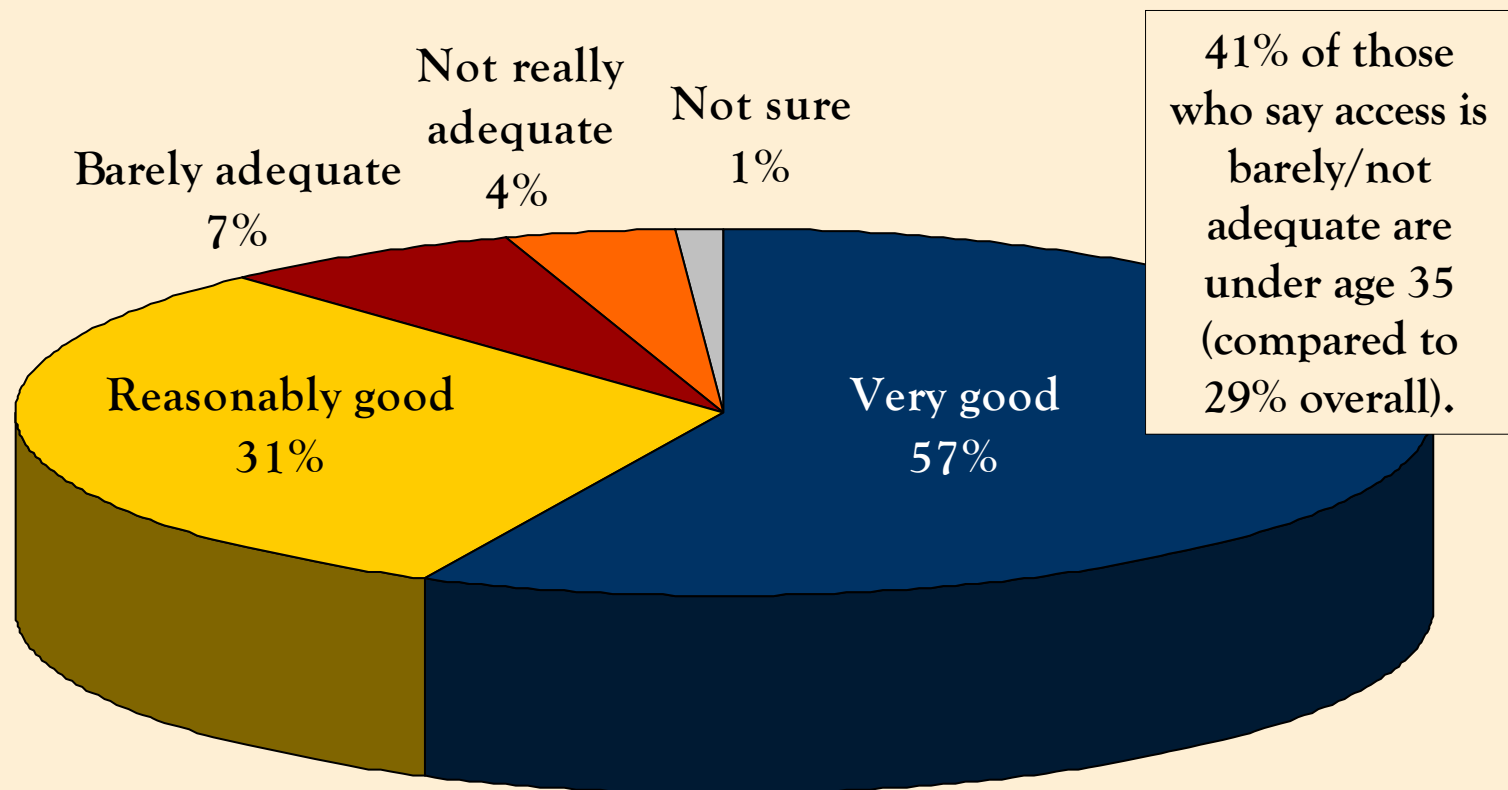
Not sure  
1%

Within a  
reasonable travel  
time  
93%



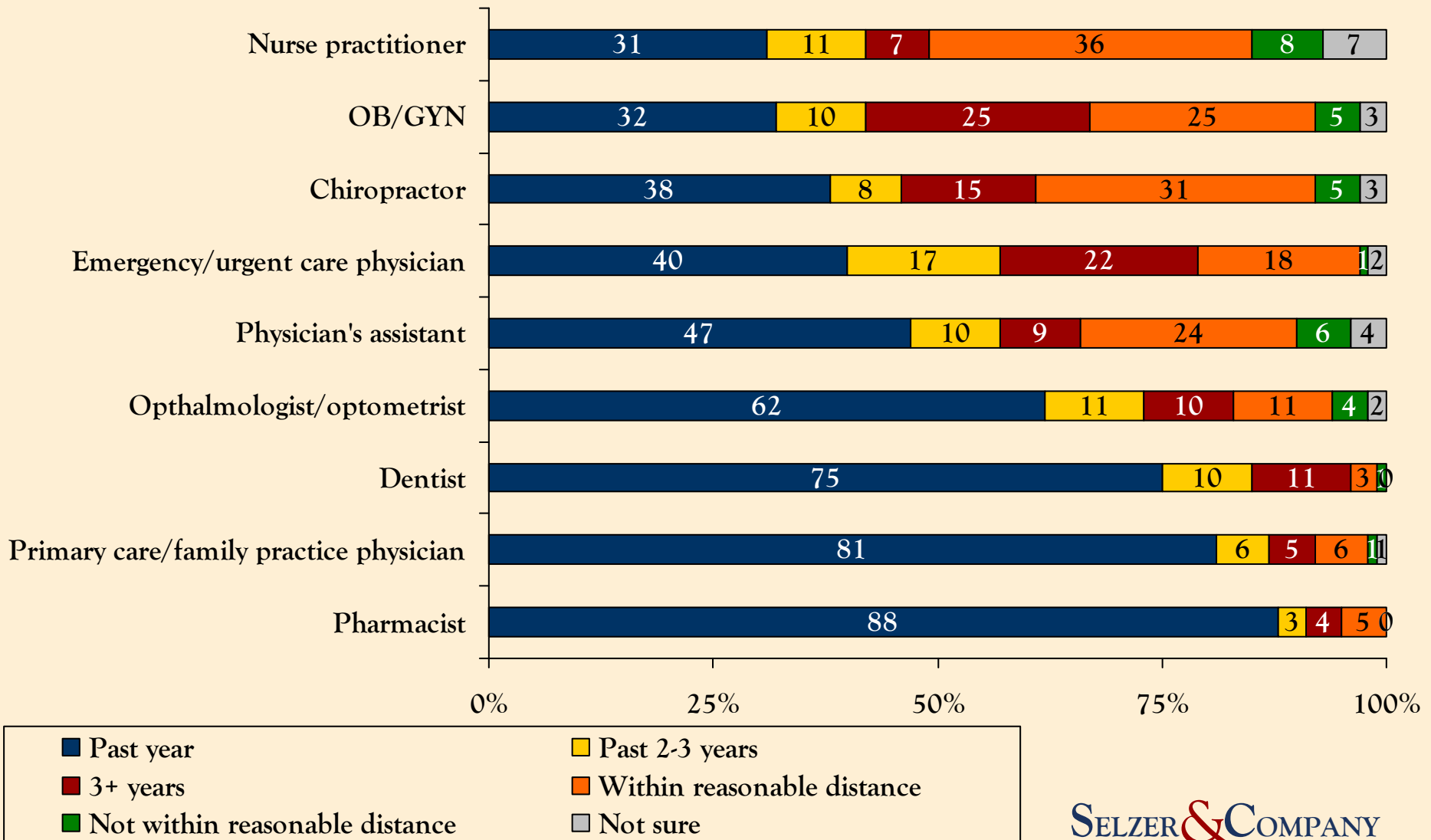
# Few complain about access to emergency care.

Access to emergency care if needed



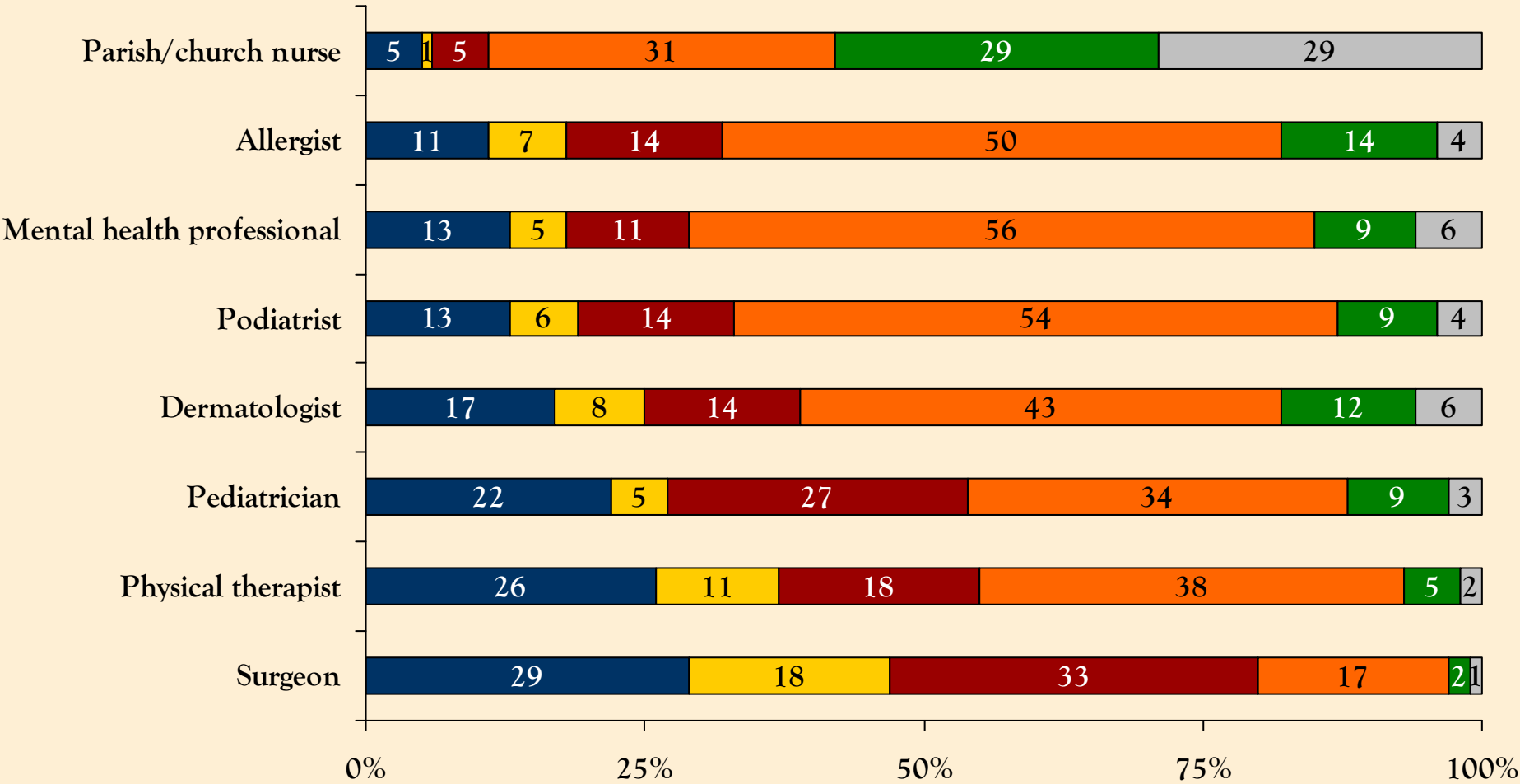
# Iowans perceive reasonable access to health care professionals

Visited in past/could visit within reasonable distance





# Visited in past/could visit within reasonable distance



Past year

3+ years

Not within reasonable distance

Past 2-3 years

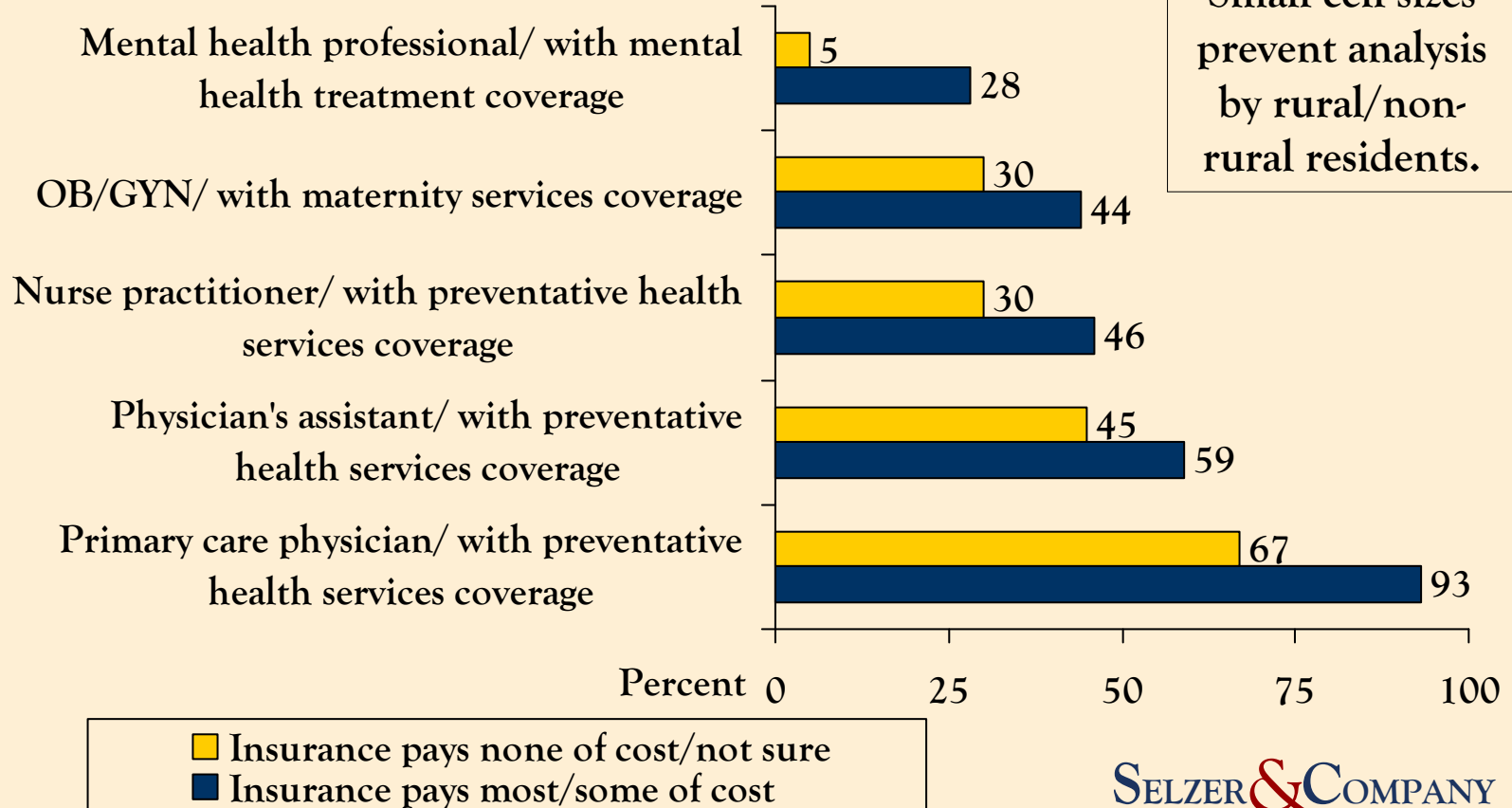
Within reasonable distance

Not sure

# When insurance contributes to cost, visits to selected providers increase.

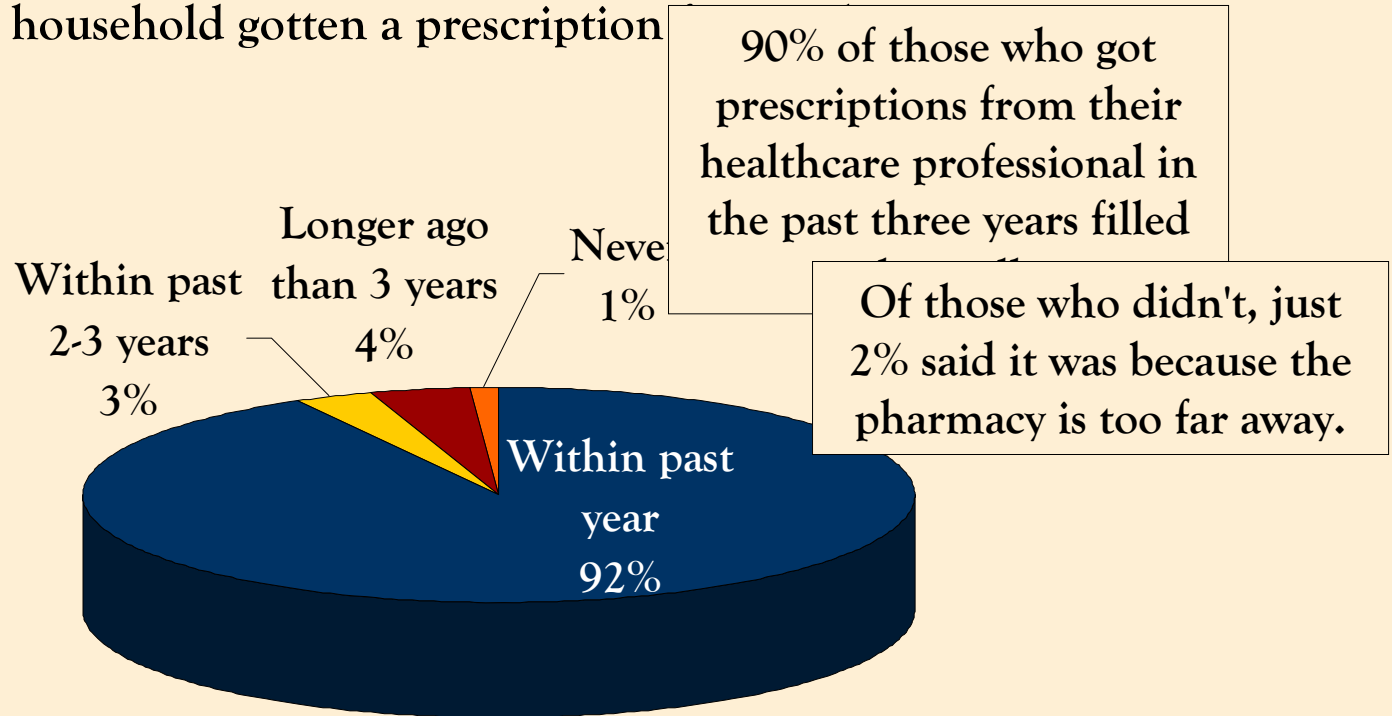
## Influence of quality of coverage on getting treatment from health professionals

Received treatment within past three years



# Compliance in filling prescriptions is high.

How recently respondent/someone in household gotten a prescription





# Insights.

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- Iowans appear not to be foregoing treatment because of distance to healthcare professionals.
- Other obstacles may be a factor.
- When insurance pays some of cost, insured Iowans are more likely to visit providers.
- Rural Iowans are less likely to have insurance that pays most of the costs in some categories.
- Therefore, diseases among rural Iowans may go undiagnosed and untreated.



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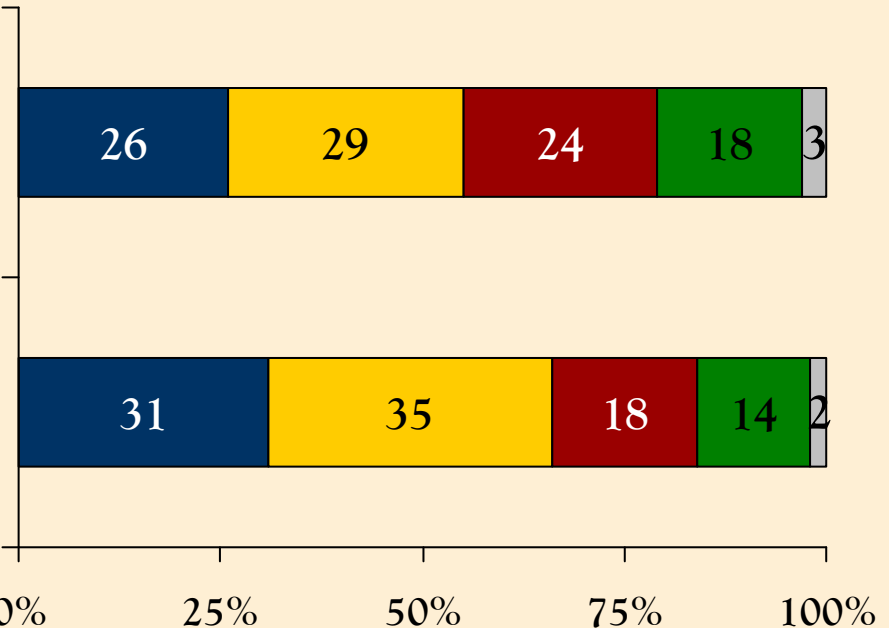
# Attitudes toward Prevention and Compliance



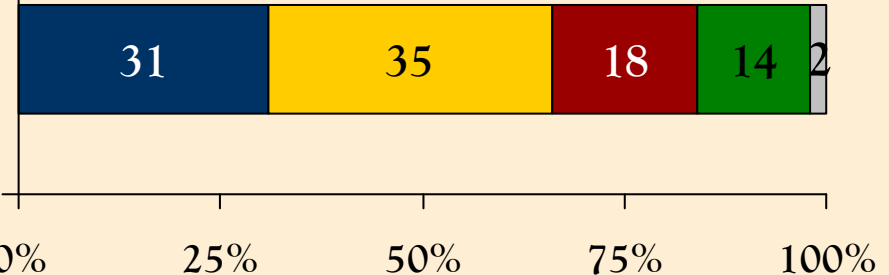
# A majority of Iowans are motivated to learn more about prevention.

## Prevention statements

I am interested in learning more about preventing accidents in the home/workplace



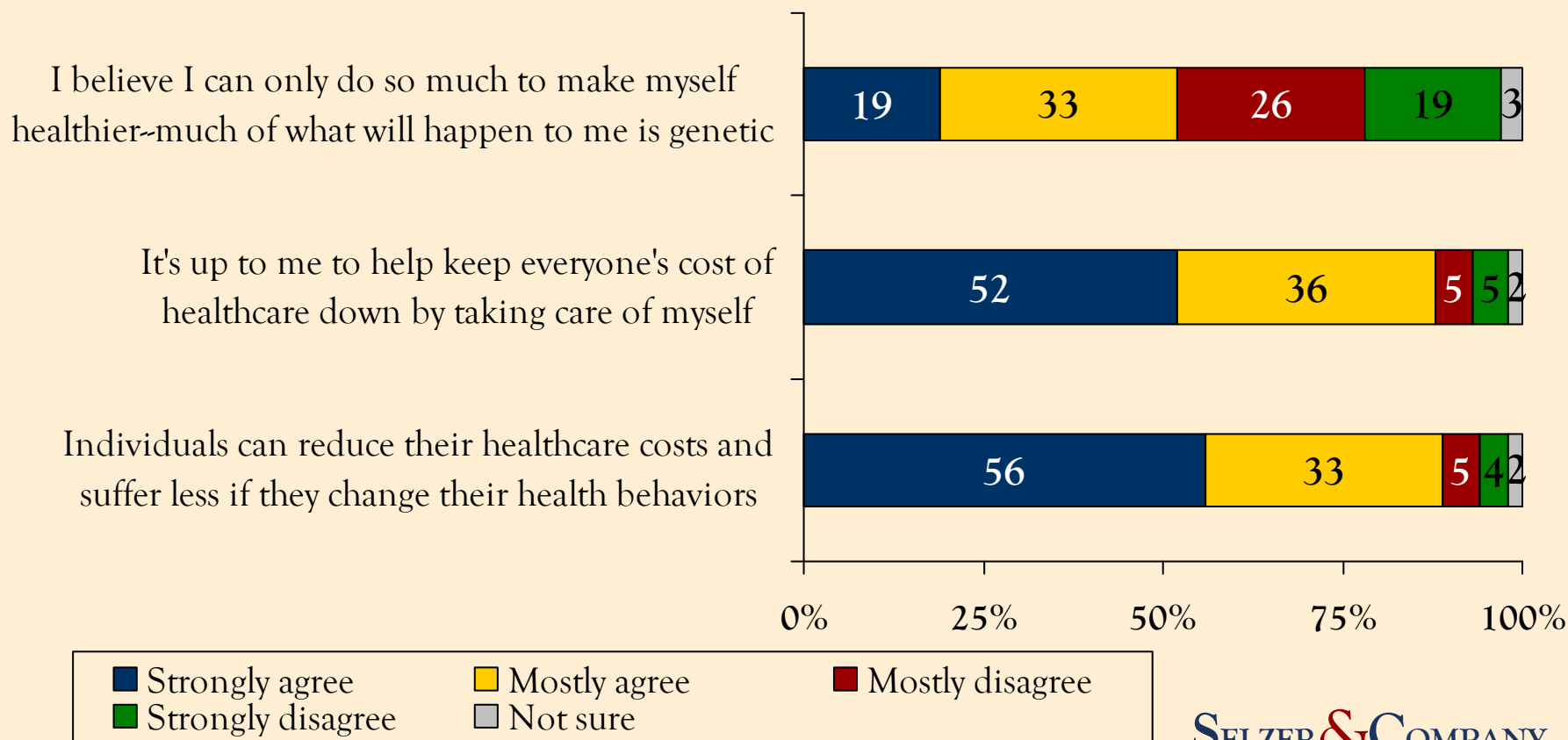
I am interested in learning more about preventing sickness and disease



■ Strongly agree ■ Mostly agree ■ Mostly disagree ■ Strongly disagree ■ Not sure

# Iowans accept they should act in ways that keep healthcare costs down.

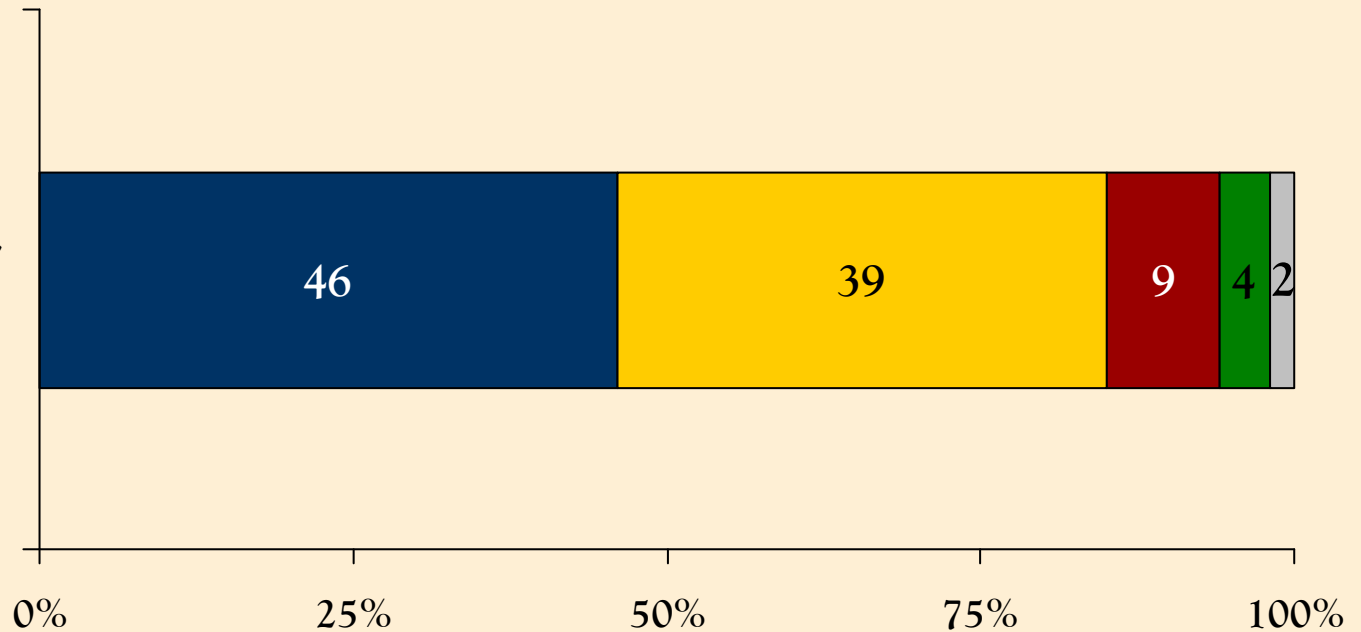
## Responding to statements about individual responsibility



# This study reveals some issues with compliance.

## Compliance statements

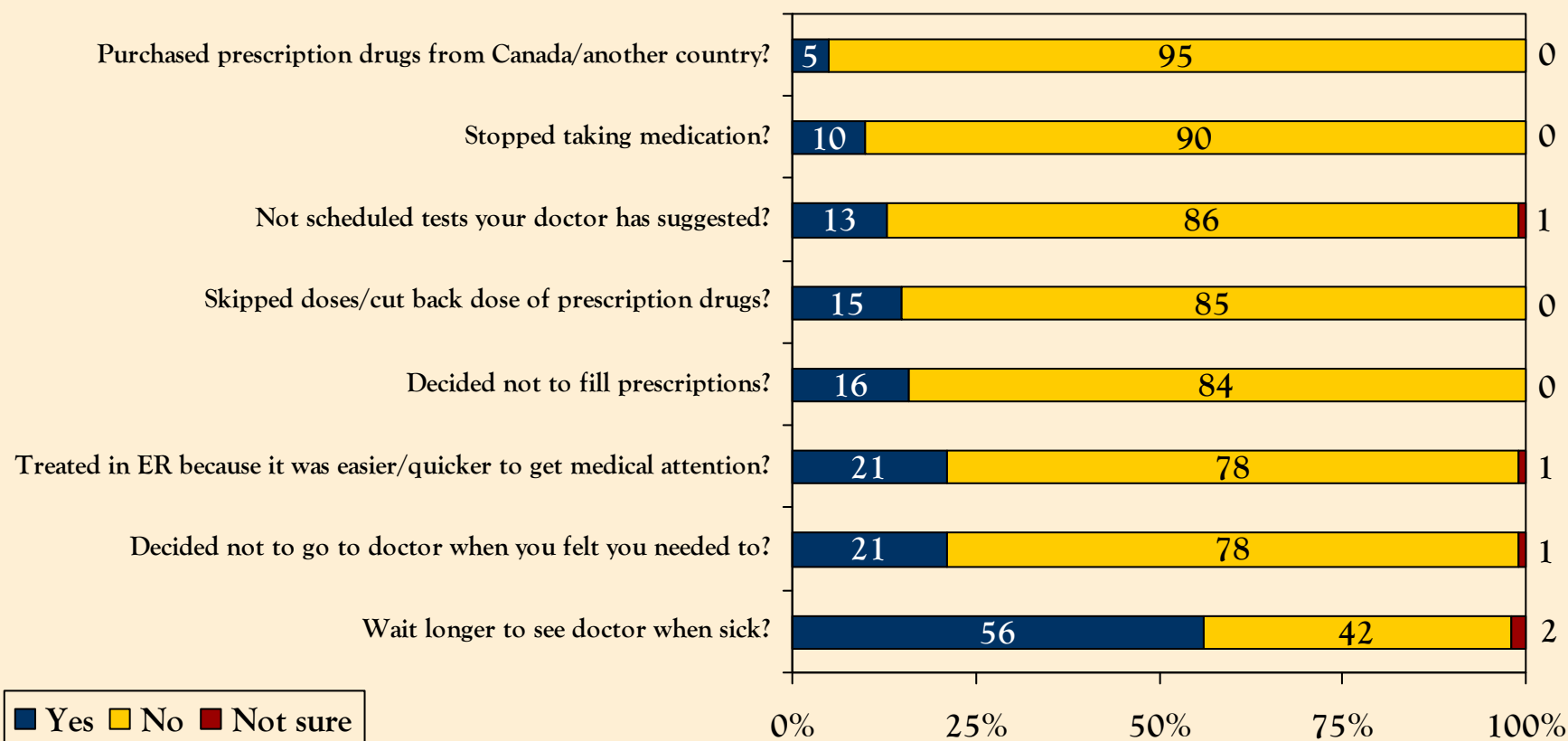
I absolutely trust my primary care provider to know what is best for me



■ Strongly agree ■ Mostly agree ■ Mostly disagree ■ Strongly disagree ■ Not sure

# Decisions about compliance often involve perceived value for cost.

Ways respondents might try to save on healthcare expenses  
(Actions in past two to three years)





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# Rural Insights



## Just to review . . .

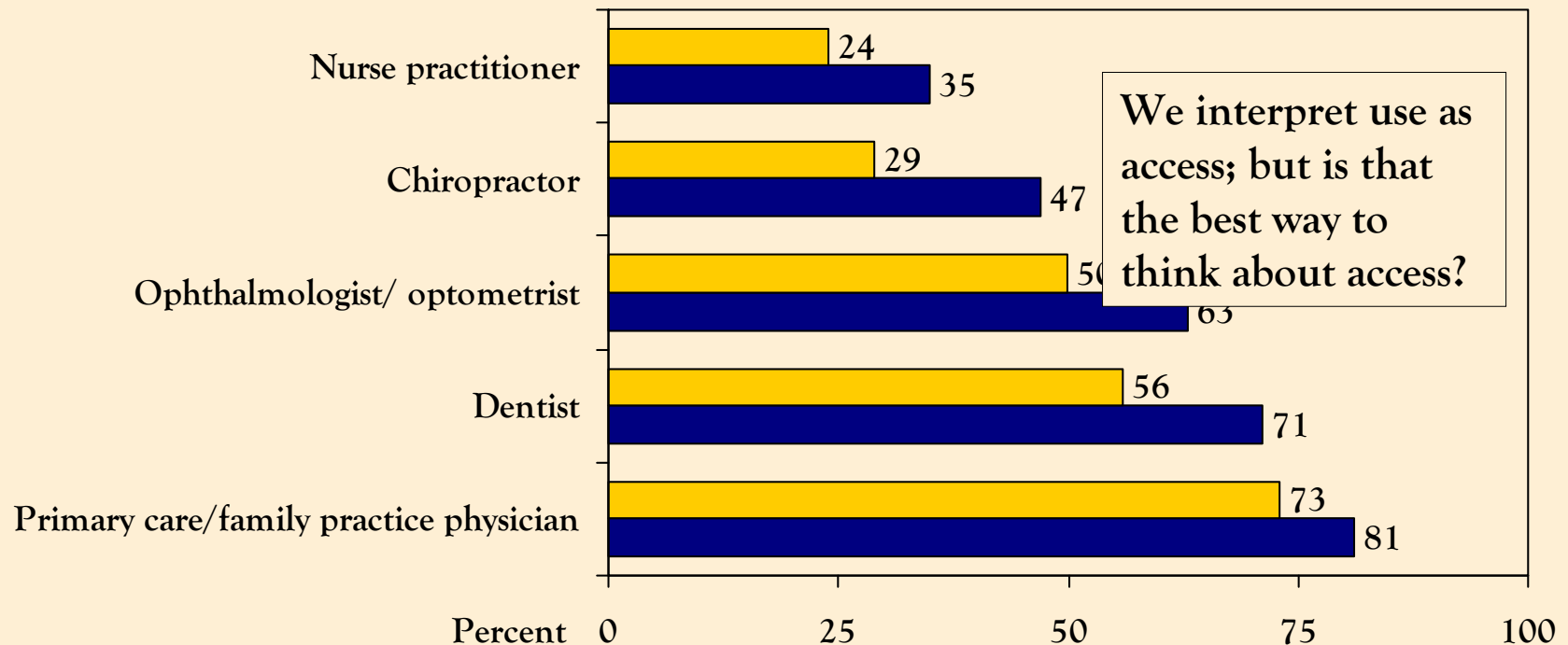
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- If anything, the rate of insurance is higher in rural areas.
- The policies of rural residents cover less than those of non-rural residents.
- Time and distance to health care providers is not perceived as a barrier.

# Among low-income, rural residents report greater use of healthcare professionals.

Report a visit to healthcare professional within the last year  
for themselves or someone in household

(Among those with annual household incomes below \$50,000)



■ Low-income rural

■ Low-income non-rural

# Most are sanguine about life in rural Iowa.

Rural residents' responses

Gap between rural and non-rural combined agreement  
(red=non-rural percentage is lower than rural,  
black=non-rural percentage is higher than rural)

I have concerns about my health and safety because of where I live



I have concerns about my health and safety because of where I work



People who live in the country are generally healthier than people who live in the city



The quality of healthcare available to me is as good or better than what is available anywhere else in the state of Iowa



People in rural areas have to expect they will have to drive a fair distance to get medical care



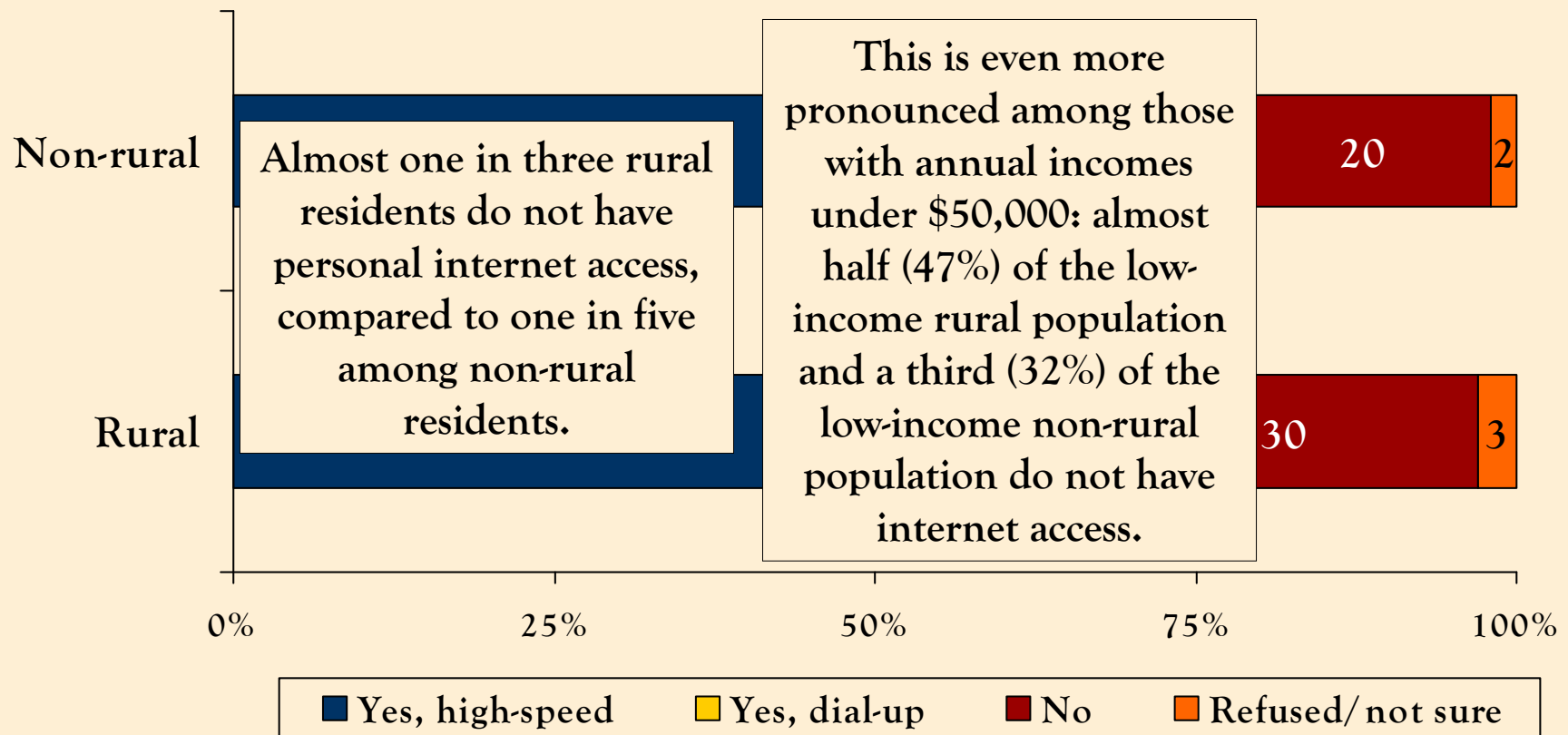
0% 25% 50% 75% 100%

Strongly agree Mostly agree Mostly disagree Strongly disagree Not sure



# Lack of internet access may be a barrier in rural areas for web-based education programs.

## Internet access for personal use





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# Conclusions



# Conclusions.

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- Iowans are generally upbeat about the climate of the state and their personal health.
- While attitudes toward accessing healthcare and maintaining insurance are positive, the cost of healthcare may pose an obstacle.
  - This shows up most noticeably in less than full compliance.
- Iowans balance the perceived benefit of seeking care, scheduling tests, and filling prescriptions against the cost and decide to wait out some health problems.



# Conclusions.

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- Rural and non-rural residents of Iowa are generally more similar than different in their attitudes toward healthcare.
- Even among the lowest income groups, rural Iowans do not fare worse than their non-rural counterparts.
- However, they may visit healthcare professionals less frequently because insurance coverage is less generous among the rural population.
- It is not a matter of living in a rural area; it is a matter of what insurance covers.



# This study says a lot about perception.

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- It does not mistake perceptions for concrete indicators, for example, in access.
- This study indicates that statewide there appears to be no systemic perception of inadequate access to health care services, though important pockets of problems deserving of attention may exist to some degree.
  - An objective observer might legitimately believe that having no OB/GYN within 50 miles is unacceptable.



One of the best ways to use this study is  
to learn how to communicate effectively.

- Rural Iowans might welcome and benefit from more convenient access to healthcare professionals.
- But, if rural Iowans do not believe they are underserved, it might not be helpful to start by decrying the crisis in rural Iowa.



# This study reveals positive attitudes from which to build.

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- Good outlook on health;
- Interest in prevention;
- Acceptance of individual responsibility.



# Iowa Rural Health Association Outlook on Health Survey

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July 2007





# Iowa Rural Health Association Outlook on Health Survey

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Selected Findings  
October 2007

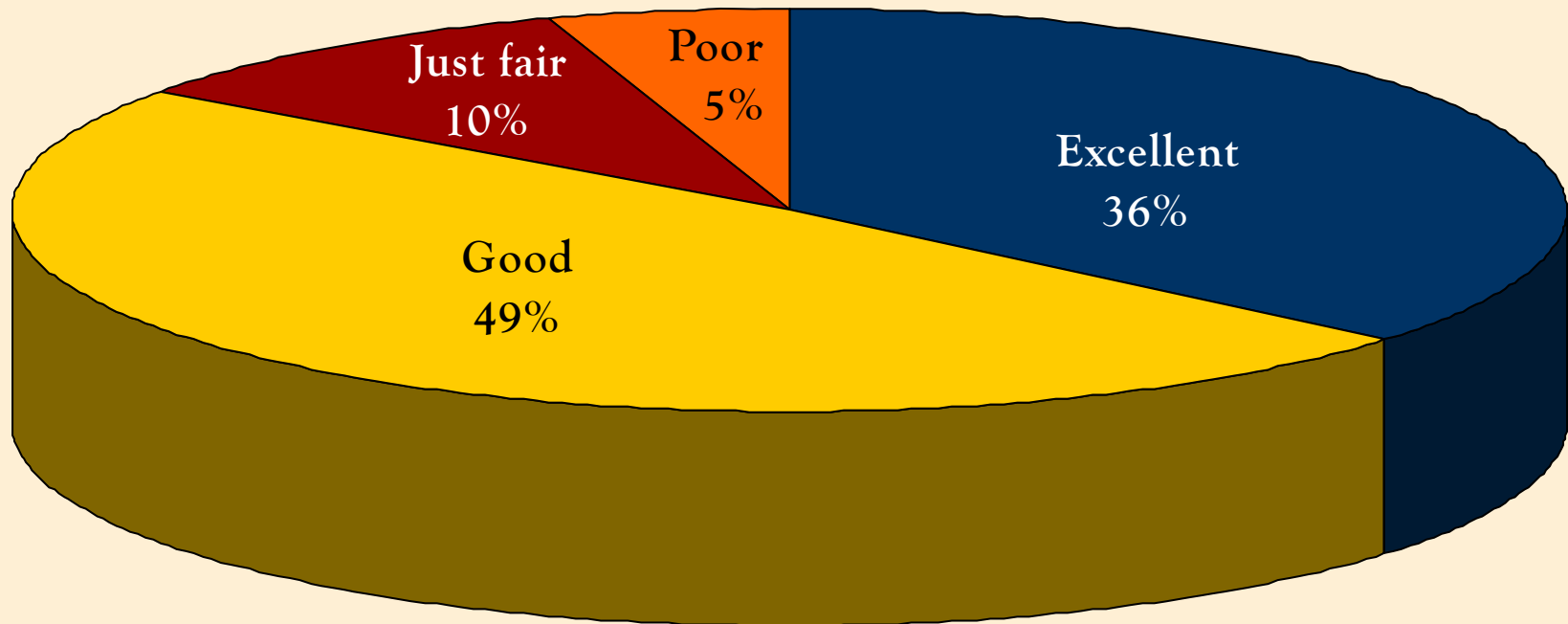
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The vast majority of Iowans are  
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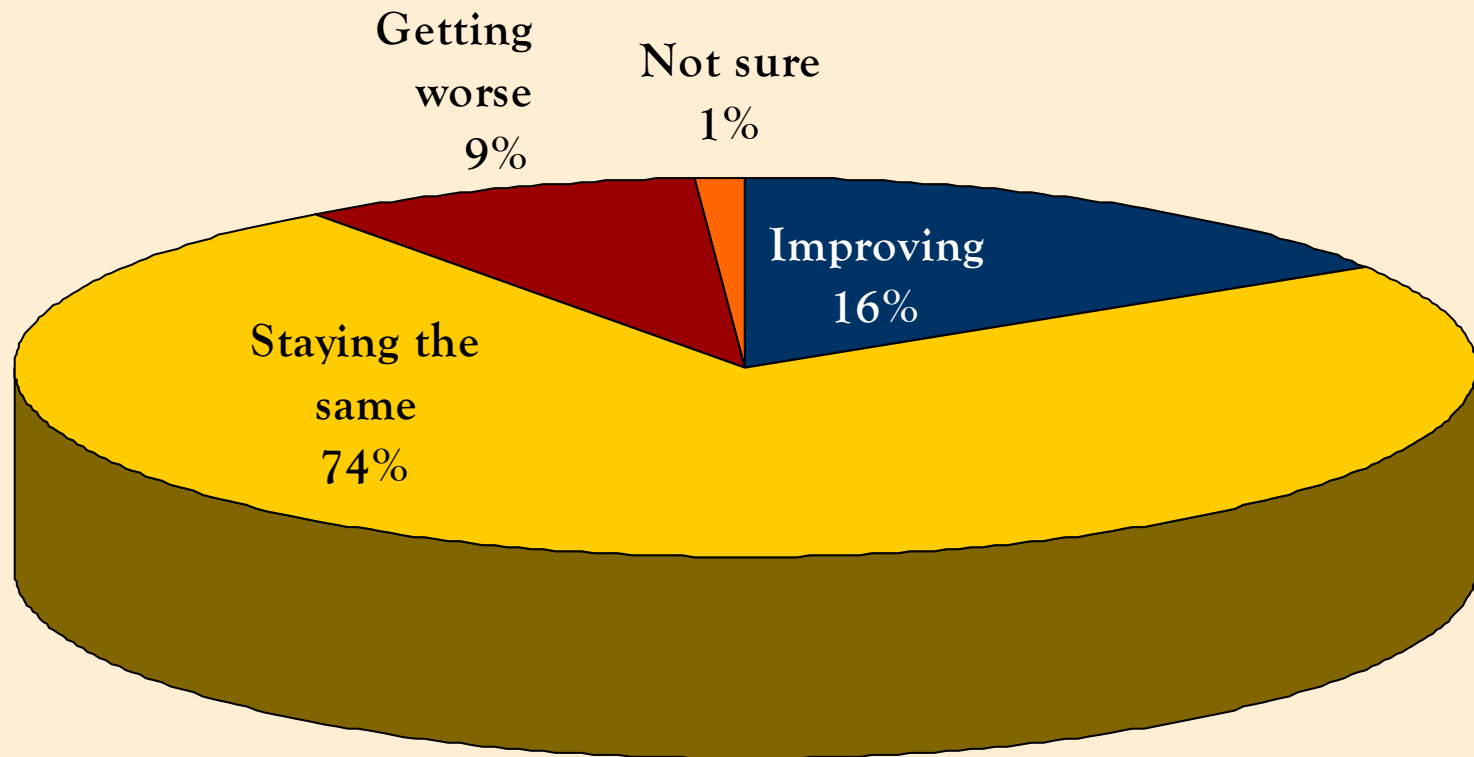
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Rating current health



# More say their health is improving than say it is declining.

## Health status compared to last year





# Iowans feel good despite some serious health conditions.

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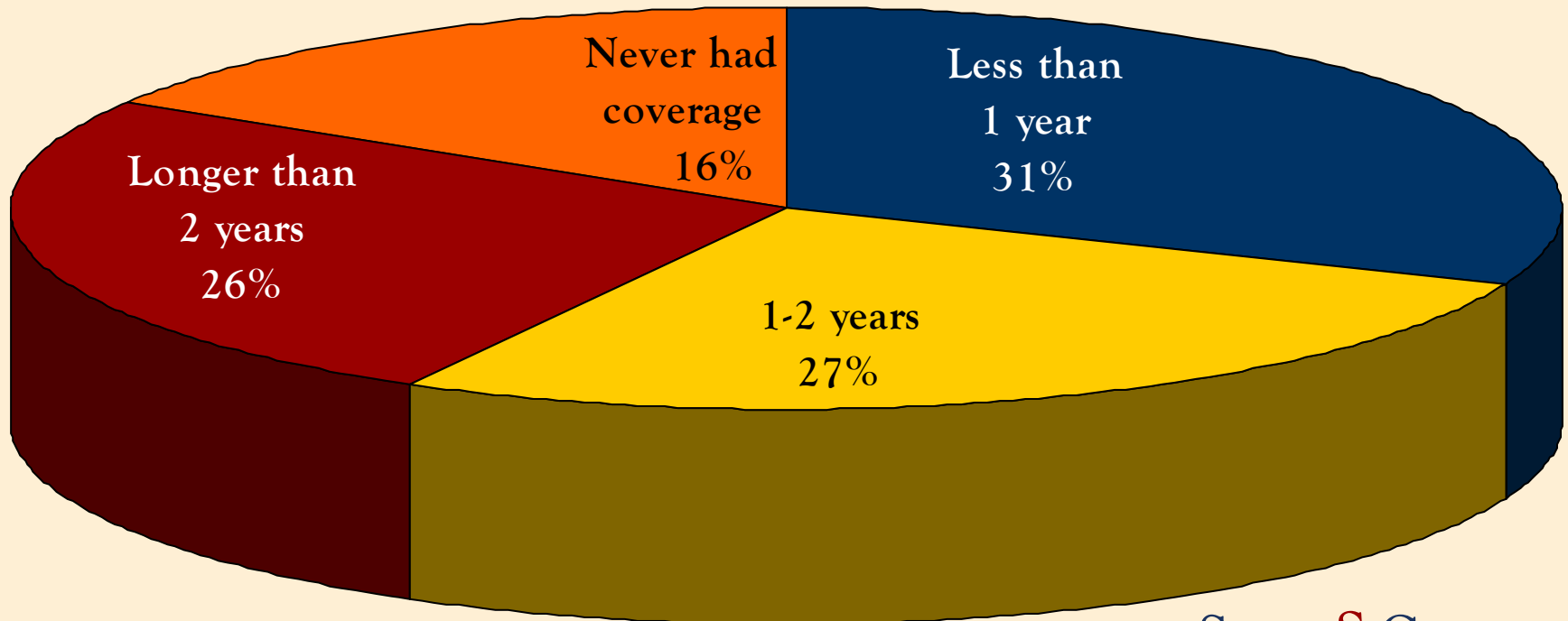
- 85% of Iowans say their health is excellent or good.
- Even so, 36% report a serious health problem or condition that requires frequent medical care.
  - 11% with arthritis
  - 10% with high blood pressure
  - 8% with heart disease
  - 6% with diabetes
  - 6% with depression

# Time spent uninsured is mostly short.

## Length of time without coverage

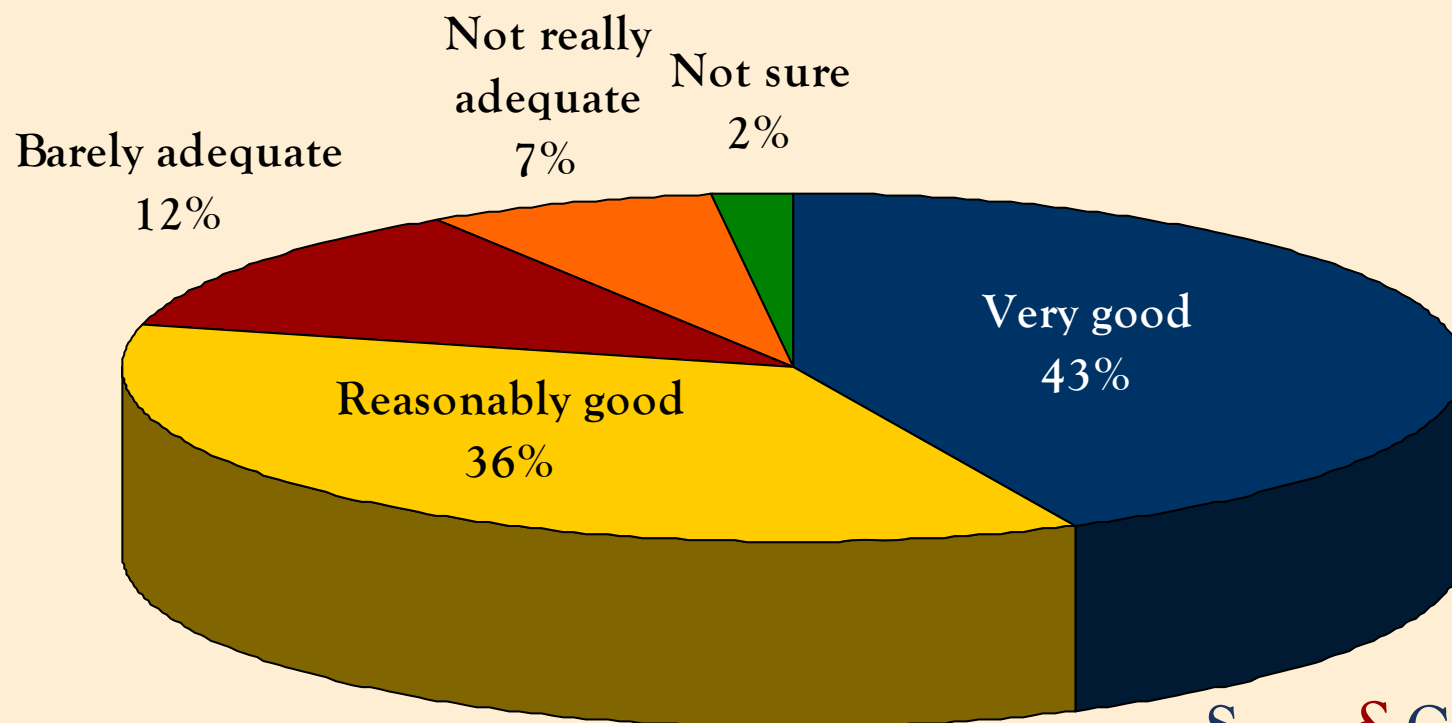
(Asked only of those without coverage; n=56;

Uninsured = 7-10% of all Iowans)

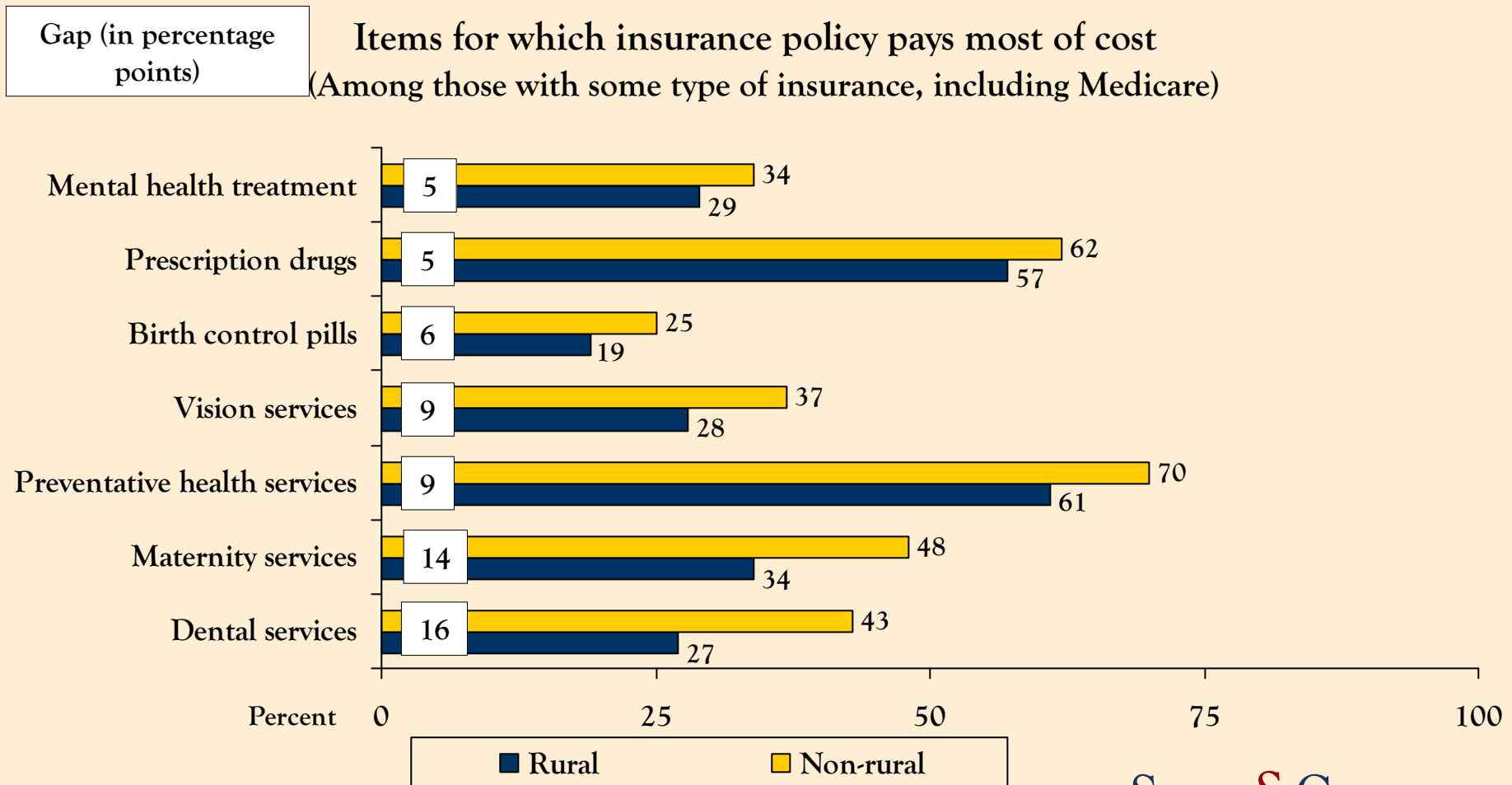


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Quality of coverage in current health insurance plan  
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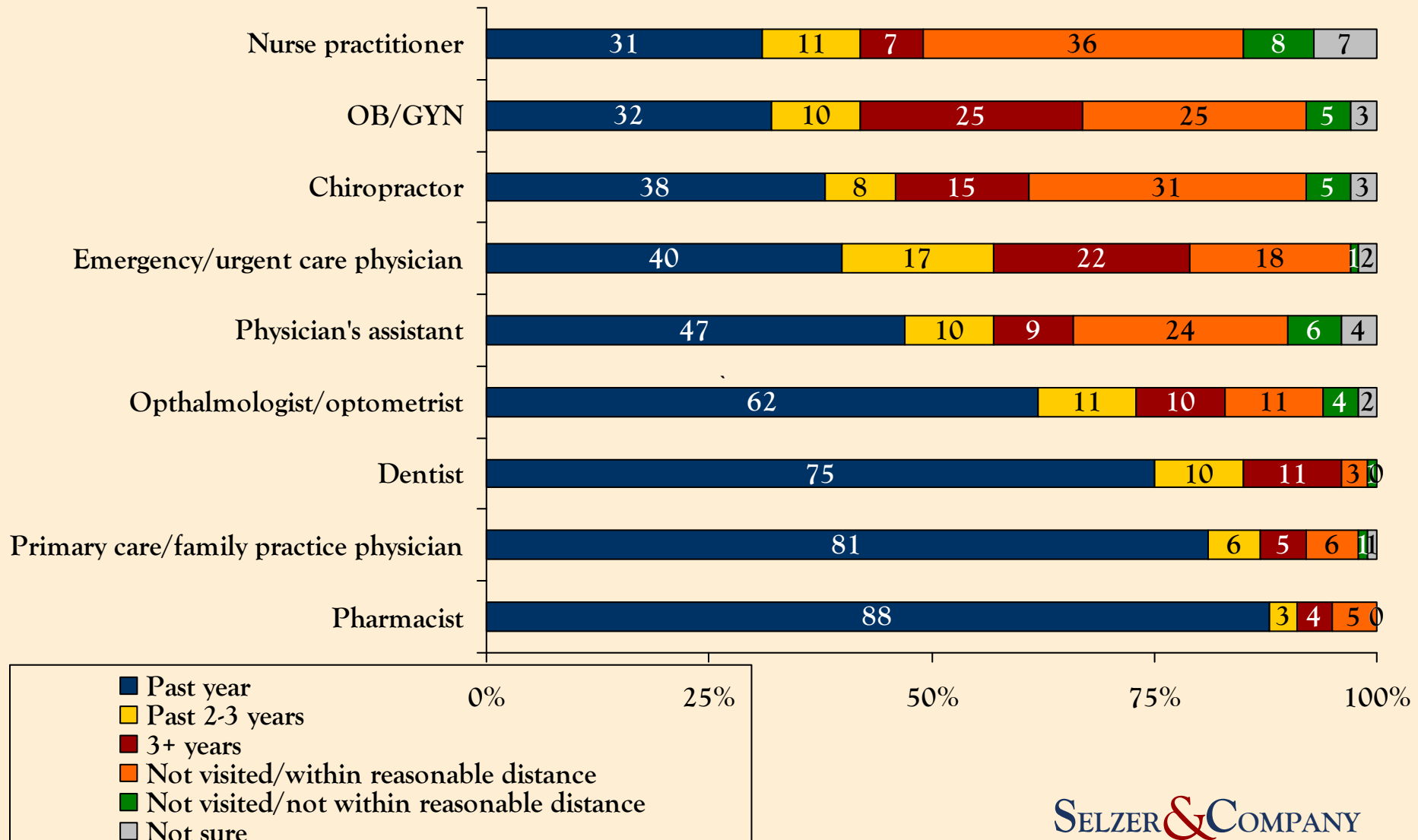
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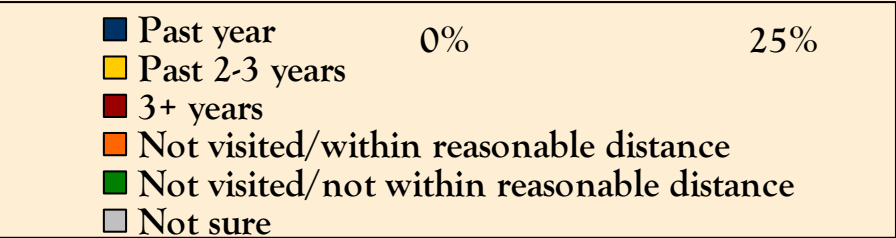
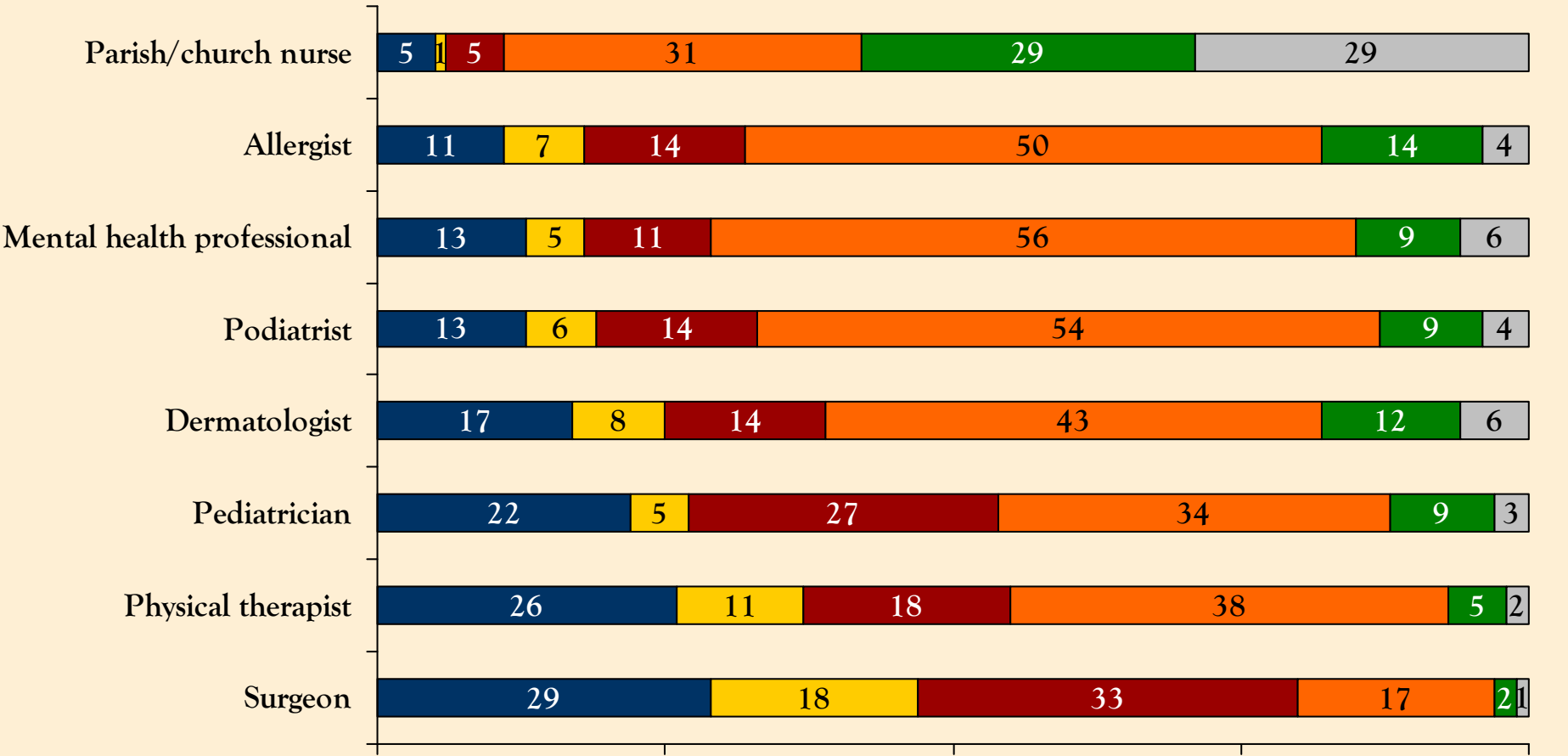
# Iowans' access to health care professionals

Visited in past/could visit within reasonable distance



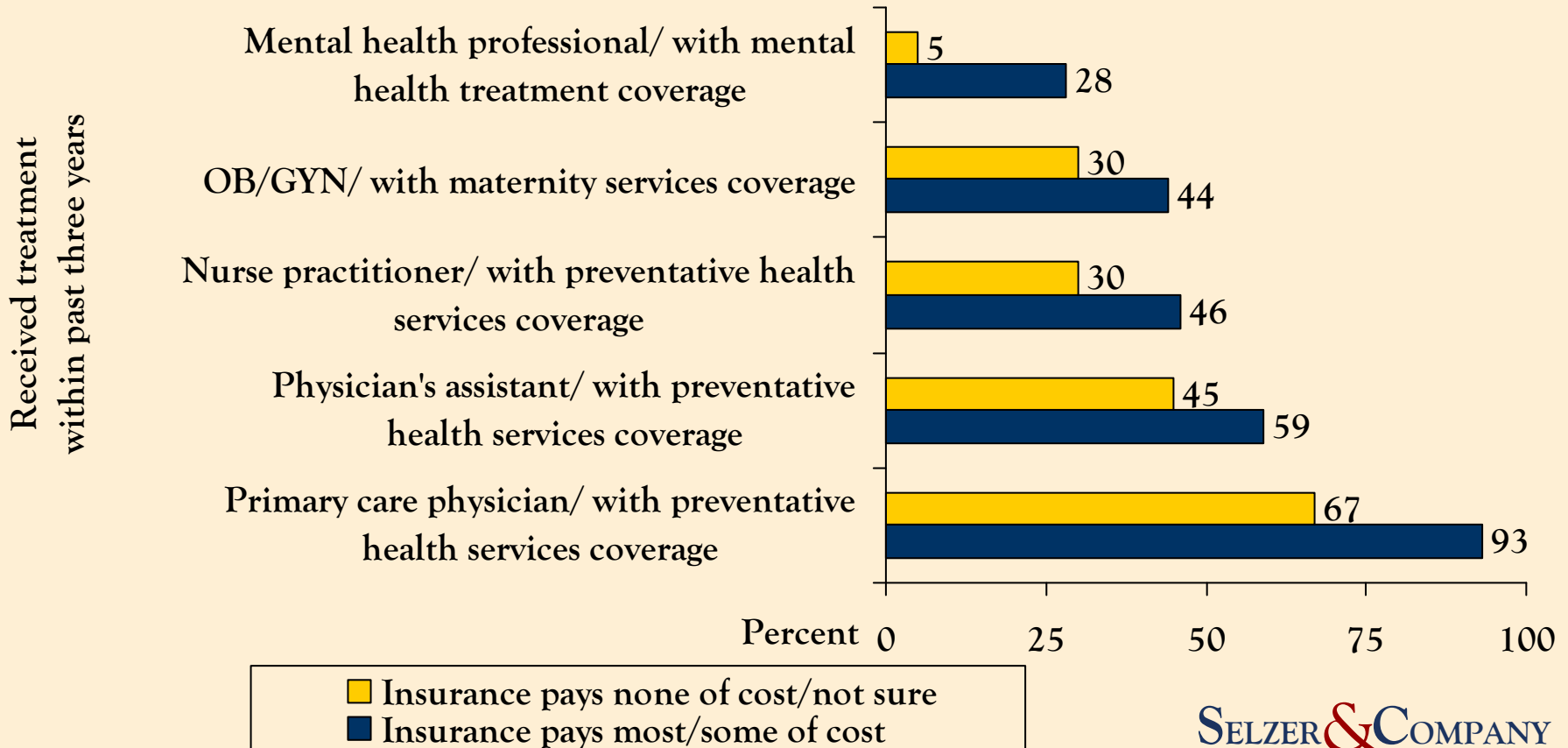


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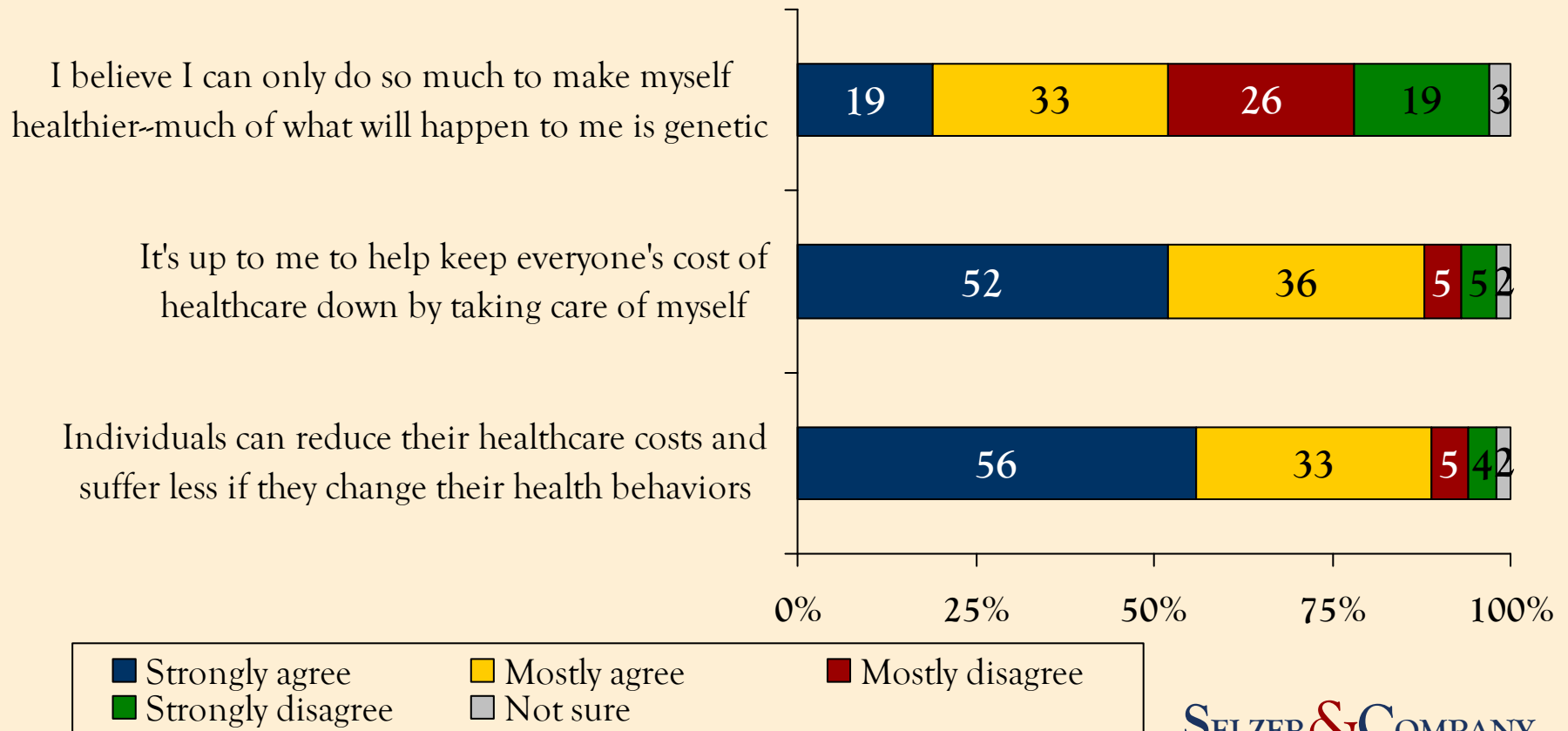
# When insurance contributes to cost, visits to selected providers increase.

Influence of quality of coverage on getting treatment from health professionals



# Iowans accept they should act in ways that keep healthcare costs down.

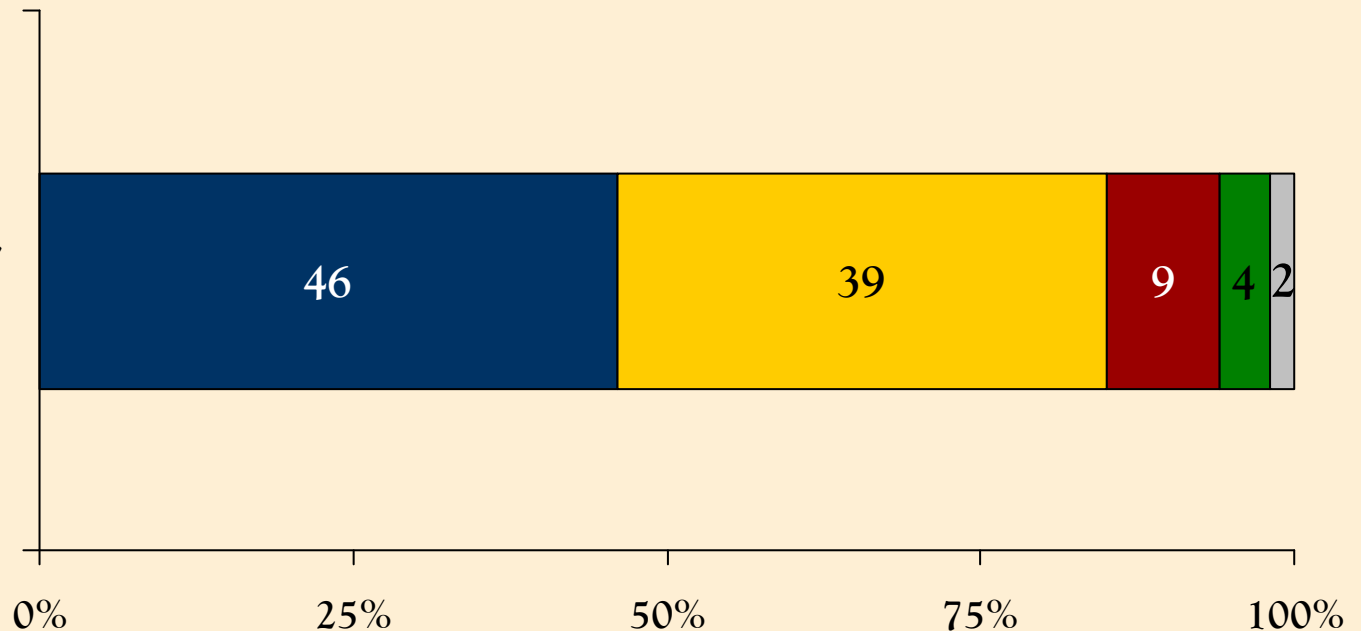
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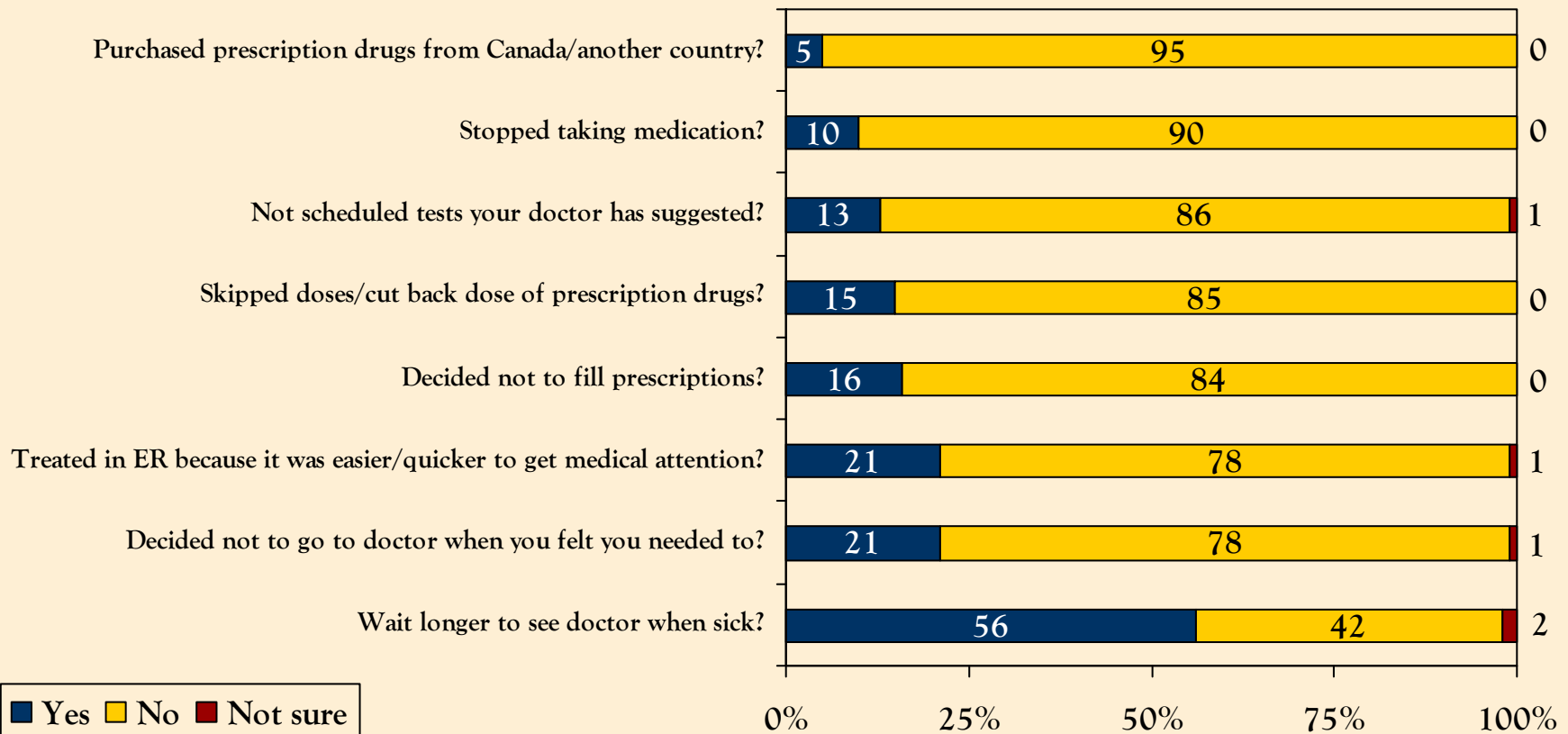
I absolutely trust my primary care provider to know what is best for me



■ Strongly agree ■ Mostly agree ■ Mostly disagree ■ Strongly disagree ■ Not sure

# Decisions about compliance often involve perceived value for cost.

Ways respondents might try to save on healthcare expenses  
(Actions in past two to three years)





# This study says a lot about perception.

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- It does not mistake perceptions for concrete indicators, for example, in access.
- This study indicates that statewide there appears to be no systemic perception of inadequate access to health care services, though important pockets of problems deserving of attention may exist to some degree.
  - An objective observer might legitimately believe that having no OB/GYN within 50 miles is unacceptable.